

# HUMAN DEVELOPMENT

The Jesuit Educational  
Center for Human Development

**The Plague of Perfectionism**



**Emotional Depression in the Elderly**



**Parish Leadership Versus Parish Management**

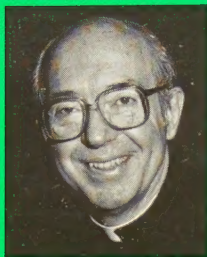


**The Choice of a Treatment Center**



**Becoming a Whole Human Being**

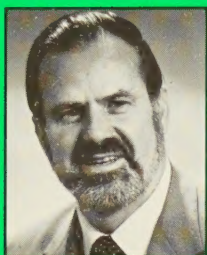




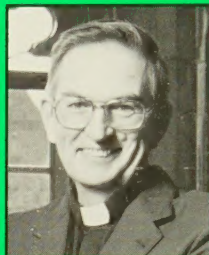
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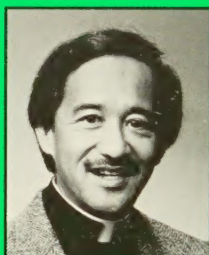
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Authors are responsible for the completeness and accuracy of proper names in both text and bibliography. Acknowledgments must be given when substantial material is quoted from other publications. Provide names of author(s), title of article, title of journal or book, volume number, page(s), month and year, and publisher's permission to use material.

Illustrations, if any, should be submitted as high-quality, glossy, unmounted black and white photographic prints. Do not send original artwork.

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# EDITOR'S PAGE

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## TREATMENT FOR CLERGY AND RELIGIOUS

**I**t doesn't take much to gladden the heart of an editor. Receiving a letter or manuscript written in response to a previously published article can do it, whether the letter writer agrees or disagrees with what was said. Knowing that the publication is being read, thought about, and discussed tells editors that all the rigors and irritations connected with their enterprise are worth perpetually enduring. Despite all its difficulties, editing is a joyful career when you find yourself bringing people into lively dialogue with one another through the medium of the printed page.

We experienced this satisfaction during the past year when a HUMAN DEVELOPMENT article titled "From Twelve-Step Program to Formation" by Anne Graham (Fall 1991) prompted Brother Joel Giallanza to continue the discussion of the impact of support-group experience on religious-life candidates in "Initial Formation and Twelve-Step Applicants" (Summer 1992). And we have another follow-up manuscript on the same topic that we look forward to publishing in our Winter 1992 issue.

A source of disappointment, on the other hand, is that we have heard very little from our HUMAN DEVELOPMENT readers in the form of letters to the editor. It isn't that we don't hear frequent comments made in person about many of our articles, some in support and others finding fault; but with regret we have noted an obvious reader reluctance to sit down and write either positive or negative comments for us to publish. Perhaps our readers are just too busy to write. But I'm inclined to suspect that this explanation is less probable than

a simple lack of awareness of how helpful it is for authors to receive endorsement of their positions or to be challenged when their ideas provoke disagreement; then deeper truth can be discovered through the ensuing dialogue or debate. My personal hope as an editor, since the inception of HUMAN DEVELOPMENT fourteen years ago, has been that readers would welcome the chance to widen and deepen the exploration of the ideas we present, and would do so through letters or manuscripts based on their personal or community experience. I still keep that hope alive, and I am encouraged by the fact that a number of readers have written to suggest topics we might ask our regular authors to discuss in a helpful manner.

In this issue of HUMAN DEVELOPMENT we are happy to have a chance to publish an article entitled "Choosing a Treatment Center" by Canice Connors, president of St. Luke Institute in Maryland. This opportunity fulfills a further hope of mine, since Father Connors has written on this topic deliberately to initiate a discussion in which our readers and writers can participate. His theme is important to all clergy and religious, and to those who are concerned about their well-being, particularly bishops and religious superiors. Expressed most succinctly, the question he raises is, "Where should clergy and religious go to get the best treatment for the psychiatric, emotional, or behavioral problems they develop in the course of their stressful lives?" The issue is crucial because going to the wrong place and receiving less-than-adequate treatment can mean prolonged suffering for the individual, perpetuation of undesirable behavior, protracted distress for the person's community, a need for further therapy in a different setting, and additional financial expense. The latter, in difficult economic times like today, can create a very heavy if not insupportable burden for a diocese or religious congregation.



The thrust of Father Connors's argument is that clergy and religious who require hospital care are going to benefit more by being treated in a center (the word *institution* has taken on alarming connotations) where suffering is viewed in the light of a faith perspective, where vocational choices are reviewed, and where patients are prepared for a return to effective ministry. He argues that priests and religious should be treated at specialized centers rather than in what he calls "mainstream psychiatric hospitals," where their problems will be treated along with those of laypersons, including other professionals.

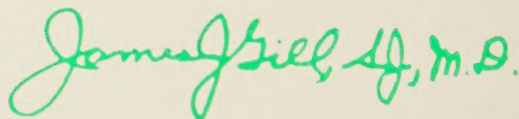
I expect that Father Connors's article will trigger a variety of responses from clinicians, treatment center staffs, and people who must make decisions about therapy for clergy and religious. There are so many interrelated questions to be faced. For example: when priests or religious need hospitalization, isn't it possible that treatment in a center that serves laypersons with similar problems might help them see that their difficulties lie in their stressed human nature, not just in their community life or celibate status? Must a hospital, to be helpful, be operated as an agency of the church? Can't other centers, with Catholic professionals on the staff, including priest-counselors or chaplains who focus on spiritual and vocational issues and provide daily liturgies, be equally effective? Must the full cost of around-the-clock hospitalization be paid when an individual might be treated less expensively on an outpatient basis while living at night in a residence away from the hospital?

Similarly perplexing questions include: How do you judge when hospitalization is necessary, and when a personal problem can be treated in a residential setting, such as a renewal center? How can you be sure that a renewal center is not admitting persons whose problems are beyond the pro-

fessional training and experience of the staff? What is the desirable relationship and interaction between the patient's religious superiors or diocesan officials and the staff providing the treatment? What reports and other communications can be expected from the treatment center? How can you be sure a person isn't being kept in therapy longer than clinically necessary?

Other questions to which bishops and religious superiors need answers are: How can you find out what centers and programs are best at treating specific kinds of problems? How can you get appropriate help for persons who are reluctant to seek professional assistance? What can be done to prevent painful and costly psychiatric illness? How much research has been done to support the claims of success made by hospitals and other centers treating clergy and religious? How can community members best support their brothers and sisters in treatment?

These are just a sample of the kinds of questions that might come to mind after reading Father Connors's timely article. We hope that our readers will write to ask for replies to some or all of these, and to any others that occur to them. We hope too that authors who staff hospitals and other treatment centers, as well as former patients, will write, whether at length or briefly, to comment on these issues. I think that all of us together can be of significant assistance to those who suffer from emotional or behavioral problems and to those who want to get the best of care for them. Let's try.



James J. Gill, S.J., M.D.  
Editor-in-Chief



# The Plague of Perfectionism

*Wilkie Au, S.J., Ph.D., and Noreen Cannon, C.S.J., Ph.D.*

**L**ike a plague, perfectionism is widespread, afflicting countless lives with a host of harmful physical, emotional, and spiritual results. The literature on perfectionism associates it with a wide variety of diagnostic labels, such as alcoholism, irritable bowel syndrome, depression, anorexia, obsessive-compulsive personality disorder, abdominal pain in children, writer's block, ulcerative colitis, and Type A coronary-prone behavior. Spiritually, the demon of perfectionism can rob sincere Christians of their peace of soul by torturing them with unrelenting self-criticism and deafening them to the Good News of their unconditional acceptance by a loving and forgiving God. This article examines the phenomenon of perfectionism from both a psychological and a spiritual perspective. It explores some of the roots and manifestations of perfectionism, as well as its harmful influence on spiritual growth and ministerial effectiveness.

## **NOT A STRIVING FOR EXCELLENCE**

A detriment to psychological and spiritual health, perfectionism must be clearly distinguished from the healthy pursuit of excellence that motivates many talented people. Those who appreciate their potential and take genuine pleasure in striving to meet high standards, like the self-actualizing individuals studied by psychologist Abraham Maslow, should not be confused with neurotic

perfectionists who constantly demand a higher level of performance than they can obtain. Because their standards are beyond reach or reason, perfectionists strain compulsively and relentlessly toward impossible goals and measure their worth in terms of productivity and accomplishment. Never feeling that their efforts are enough, they are unable to achieve a sense of satisfaction because they think that what they do is insufficiently good to warrant that feeling. In contrast, those who take pleasure in doing their best without needing to be perfect tend to be satisfied with their efforts, even when the results leave room for improvement. According to Don E. Hamachek, perfectionists commonly report "feeling anxious, confused, and emotionally drained before a new task is even begun," and they are "motivated not so much by desire for improvement as they are by fear of failure." On the other hand, those who strive for excellence in a nonneurotic way are "more likely to report feeling excited, clear about what needs to be done, and emotionally charged." They may care passionately about doing things well, but unlike perfectionists, they know how to be gentle with themselves when they fall short. In brief, the normal quest for excellence can be growthful and beneficial to individuals and society as a whole, whereas the compulsive drive for perfection is always debilitating and pathological.

Those prone to perfectionism are characterized



by certain dysfunctional ways of thinking, or cognitive styles. They tend to think dichotomously, which means that they see things in a polarized fashion (e.g., in either-or, black-or-white, always-or-never terms). Such a cognitive style leads easily to the tendency to overgeneralize (e.g., concluding from one job failure that one is fated to fail forever). Furthermore, perfectionists are frequently victims of what Karen Horney termed the "tyranny of the shoulds." Possessing an overly active system of self-commands, their consciousness is swamped by "I should" statements. Common examples of such inner dictates are: "I should be the perfect parent (or teacher, or spouse)"; "I should never get angry"; "I should always do the right thing"; "I should always know the right answer." Finally, perfectionists have little compassion for themselves and are harshly self-critical and overly self-evaluative.

## RELIGIOUS CONDITIONING

While the perfectionistic attitude is so remarkably widespread that it can be seen as a cultural phenomenon, it is strongly reinforced for Christians by certain religious factors. First, the biblical injunction to "be perfect as your heavenly Father is perfect" (Matt. 5:48) has through the ages given Christians the impression that holiness consists in being a flawless paragon of virtue.

Second, expectations for perfection are often intentionally or unintentionally, consciously or unconsciously, communicated to Christian churchgoers. Psychologists D. Louise Mebane and Charles Ridley argue that "often an unrealistic and unbiblical message of how to live the 'Christian life' is sent in the church":

If pastors intend for their behavior to be modeled, it is understandable that only their best behaviors and accomplishments are openly displayed. The outcome is that pastoral perfection is modeled to imperfect parishioners. . . . The potent message sent is "you need to be a perfect Christian." The attending assumption is the need to be completely successful or competent especially in overcoming all personal struggles and limitations.

This message creates a mentality that equates spirituality with perfection. If being imperfect is tantamount to being unspiritual, then avoiding imperfection becomes a goal of Christian life. To be a good Christian then requires that one's personal struggles and temptations be hidden from others and often even from oneself as well.

While some pastors have a proclivity for expecting perfection of people, the sending of perfectionistic expectations is a two-way street because parishioners often send messages that the pastor should be perfect. By pedestalizing priests and ministers, the congregation often imposes perfec-

tionistic standards on those who serve them in leadership. Vulnerability to perfectionism is compounded when ministers have internalized saintly expectations for themselves. The priest whose principal role-image consists in being an *alter Christus* (another Christ), and who has this self-image reinforced by people who revere him and see him hierarchically just below God, illustrates the complex dynamics operating in perfectionism.

A third factor that makes Christians particularly vulnerable to perfectionism is the rhetoric of religious life. For example, in Jesuit documents there is an exhortation to strive always for the *magis* (more) and to do everything *ad maiorem Dei gloriam* (for the greater glory of God). Sisters of St. Joseph are given a hundred "maxims of perfection" to follow. Also held up for emulation have been young and idealistic saints such as St. Stanislaus Kostka, whose motto was *Ad maiora natus sum* (I was born for greater things). Without necessarily intending to, users of this kind of exhortatory language can instill in people a sense that what they have accomplished is never enough, that more needs always to be done. The underlying message of much traditional hagiography is that the push for perfection is what saints are made of. Commenting on St. John Berchmans after the saint's death, his rector wrote: "What we universally admired in him was that in all the virtues he showed himself perfect and that, with the aid of divine grace to which he responded to his utmost, he performed all his actions with all the perfection that can be imagined."

## SYMPTOMS OF PERFECTIONISM

The manifestations of perfectionism are multiple. Prominent among them are depression and low self-esteem, procrastination, obsessive-compulsive behavior, fear of failure, troubled relationships, poor self-control, and addictive behavior. Because many people are reluctant to admit that they have been tinged, if not tainted, by perfectionism, it is important to recognize these more obvious symptoms.

**Depression and Lowered Self-Esteem.** Clinical evidence suggests that there is an important connection between perfectionistic attitudes and depressive psychopathology. Perfectionism predisposes people to painful mood swings; as David Burns writes, perfectionists "are likely to respond to the perception of failure or inadequacy with a precipitous loss in self-esteem that can trigger episodes of severe depression and anxiety." Thus, repeated recognition of a gap between performance and grandiose expectations often leads to lowered self-esteem and depression. Because perfectionists believe that failure automatically reduces their self-worth, they feel compelled to be even more perfect to avoid future failure. A study of the pathological



thought and dynamics of perfectionism done by psychologist Michael Pirot explains how a vicious self-defeating cycle operates with perfectionists: their distorted belief that they have to be perfect in order to feel good about themselves sets them up for failure, which leads to self-condemnation, lowered self-acceptance, and depression, resulting in renewed efforts to be perfect.

**Procrastination.** Hounded by doubts that their efforts will ever achieve the flawless results that they desire, perfectionists often procrastinate. By so doing, they both avoid the dreaded consequences of less-than-perfect performance and express the paralyzing helplessness that unrealistic expectations cause.

**Obsessive-Compulsive Behavior.** Perfectionism is a major feature in obsessive-compulsive and mood disorders. The obsessiveness of perfectionists manifests itself in excessive rumination over past mistakes and a debilitating preoccupation with possible slip-ups in the future. The compulsive quality in perfectionism is revealed in the strained effort and drivenness that easily lead to exhaustion and burnout.

**Fear of Failure.** Often people will confess that their perfectionistic tendencies inhibit them from taking risks and trying new things. Like the straight-A student who concludes from one B grade that she is a total failure (either-or mentality), perfectionists fear and overreact to mistakes. Anticipating that mistakes will lead to rejection, they become preoccupied with being "safe." Thus, fear of failure and an obsessional desire for perfection become emotional barriers to learning and creativity and prevent perfectionists from pursuing areas of learning in which there is no guarantee of perfect mastery.

**Troubled Relationships.** Research indicates that perfectionists suffer from loneliness and disturbed personal relationships. Several factors may account for this. First, they tend to react defensively to criticism because they fear that others will reject them when they inevitably fall short of their own unrealistic standards. This lack of openness to negative feedback usually frustrates others and, ironically, results in the very disapproval that perfectionists most fear. Second, as Burns notes, their concern with appearing inadequate gives rise to "a disclosure phobia that causes them to resist sharing their inner thoughts and feelings." Naturally, such resistance to self-disclosure inhibits intimate communication and cuts them off from the kind of warm, unconditional acceptance that can come through deep friendships but never through accomplishments. Third, friction arises in perfectionists' relationships when they impose their unreasonable standards on others. When oth-

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## The rhetoric of religious life makes Christians particularly vulnerable to perfectionism

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ers inevitably disappoint them, perfectionists feel annoyed and angry. The stage is set for ongoing conflict and exasperation because others respond to perfectionists' demands with resentment and resistance.

**Poor Self-Control.** In adopting programs for self-management (e.g., diets or exercise regimens) that are excessively rigorous, perfectionists set themselves up for failure. This rigid self-control deteriorates, writes Ben Sorotzkin, when "the first lapse in the perfectionist's typically overambitious program is viewed as indicating total failure, which usually results in binge smoking, drinking, or eating (the 'saint or sinner' syndrome)." Dichotomous and overgeneralized thinking contributes to the poor self-control that perfectionists manifest in areas such as eating, drinking, and exercising. One of the ironies of perfectionism is that when perfectionists fail in perfect self-control, they lose all self-control. The wisdom of one of the Weight Watchers mottoes, "Progress, not perfection," reflects this insight.

### PERFECTION AS A SPIRITUAL LONGING

Jung believed that the human soul has an inborn need for God that is as powerful and urgent as the instinct for food and drink. This religious urge, which directs us toward God, must be satisfied if we are to be psychologically healthy. When this fundamental function of the psyche is blocked, we create false gods and give ourselves over to them to the detriment of an authentic spiritual life. In her book *Addiction to Perfection*, Jungian analyst Marion Woodman suggests that striving for perfection



is an attempt to meet this religious need, albeit through a counterfeit spirituality. The addict is trying to unite with God but seeks this union through a material or created substance. This is the condition of many people today who no longer have a living connection to a faith life that can mediate their spiritual longings. The image of "the perfect," which was once projected onto God, is now projected onto a human being or onto a substance (e.g., food, alcohol, sex). Because the object of addiction now carries a numinous or holy quality, the addict becomes obsessed with it, desiring it above all else.

Woodman sees the addiction to perfection as stemming from a cultural overemphasis on the masculine principle and suppression of the feminine. "Essentially I am suggesting," states Woodman, "that many of us—men and women—are addicted in one way or another because our patriarchal culture emphasizes specialization and perfection. Driven to do our best at school, on the job, in our relationships—in every corner of our lives—we try to make ourselves into works of art. Working so hard to create our own perfection we forget that we are human beings." In short, Woodman relates perfectionism to the domination of masculine consciousness. The masculine principle, symbolized by the head, values rationality, power, and perfection, while the feminine, symbolized by the heart, cherishes feeling, relatedness, and mystery. The core spiritual issue in our culture today, according to Woodman, is "How do goal-oriented perfectionists find their way back to the lost relationship to their own heart?"

## ROOTS OF PERFECTIONISM

The seeds of perfectionism are planted early in the human psyche. A variety of theories exist to explain how this occurs. Cognitive psychologist Phyllis Beck believes that perfection is the result of irrational thinking patterns that lead to self-defeating behaviors and emotions. In general, cognitive theories suggest the possibility that children may develop perfectionistic tendencies by interacting with adults who are perfectionistic. Carl Jung believed that the image of perfection is present at birth—that there is an archetype of perfection, like a platonic form, in the human (collective) unconscious that acts as an instinct driving us toward perfection. Alfred Adler postulated that a "will to superiority" develops in order to compensate for a sense of inferiority. He later revised this notion and explained it as a "striving for perfection," which could be pathological or healthy, depending on the motive underlying it. If the motive is personal security it is a neurotic or pathological striving. If the motive is religious—that is, to serve others out of a sense of social interest and responsibility—it is healthy. Erik Erikson believed that the onset of perfectionism can occur in the elementary school

years, when children are in the "industry versus inferiority" stage of development. Children who do not experience success in the variety of school and home tasks expected of them develop a hypersensitivity to imperfection because they conclude that their flawed performance makes them inferior. Feeling that they have disappointed the expectations of parents and teachers, they are driven to win adult approval by performing perfectly.

In general, psychoanalytic theories view perfectionism as the result of a harsh superego. Theorists such as Sigmund Freud, Harry Stack Sullivan, and Karen Horney suggest that children from homes in which parents are critical and unpredictable feel great anxiety and hostility. Perfectionism becomes a way of coping with such feelings because it allows the child to convert threatening emotions and impulses into behaviors that will be more acceptable to the parents and thus win the love and approval for which the child longs.

## THE TYRANNY OF THE SHOULD

Horney's notion of the "tyranny of the shoulds" is perhaps the most useful of the theories cited in terms of explaining the dynamics of perfectionism. In *The Neurotic Personality of Our Time*, Horney states that perfectionism originates as a coping device adopted by children who unfortunately have to "fight against the action of neurotic parents" who are unable to provide the affirmation and approval that children need to develop a positive sense of self. Perceiving their parents as withholding and unloving, unaffirmed children feel not only deep self-doubt but also intense anxiety and hostility, which they suppress because they fear retaliation. These "bad" feelings are directed inward against the self and, because children equate feeling bad with being bad, create a sense of self that is "not good enough." Feeling helpless and intimidated in the face of parents who are perceived as both all-powerful and hostile, such children learn to accommodate. Specifically, the accommodation takes the form of the development of a better or idealized self to replace the actual self, which has been judged "not good enough." To make up for deep feelings of inadequacy and inferiority, they unconsciously create a glorified image of themselves that they endow with inflated and unlimited powers. Eventually, they come to identify with this grandiose image. Horney describes how this leads to the emergence of "the tyranny of the shoulds" in the neurotic personality:

The neurotic sets to work to mold himself into a supreme being of his own making. He holds before his soul his image of perfection and unconsciously tells himself "Forget about the disgraceful creature you actually are; this is how you should be; and to be this idealized self is all that matters. You should be able to



endure everything, to understand everything, to like everybody, to be always productive"—to mention only a few of these inner dictates. Since they are inexorable, I call them "the tyranny of the shoulds."

## NARCISSISTIC PERFECTIONISM

Thus far what has been discussed is what psychologists refer to as neurotic perfectionism. There is, however, another form of perfectionism that differs not only in etiology but also in meaning. It has been called narcissistic perfectionism. A spiritual director or therapist who is trying to help a person overcome perfectionistic tendencies must be able to distinguish between the two types because the treatment approach for each is quite different. Theoretically, neurotic perfectionists are individuals who have a stable and cohesive sense of self that is relatively independent of outside influences. In other words, they possess a sense of identity that is separate and distinct from parents and others, and experience themselves as autonomous moral agents. Their perfectionism is a consequence of trying to live up to the demands of a harsh superego that punishes them with guilt and loss of self-esteem when they fail to comply perfectly to its "shoulds."

On the other hand, narcissistic perfectionists have a poorly defined and weakly differentiated self. Because they lack a stable inner core, their sense of who they are is fragile, forcing them to rely on others' attention and admiration for their self-esteem. Like a barometer, their vulnerable self-esteem rises and falls, fluctuating between feelings of inferiority and superiority. When a significant person registers disapproval or criticism, narcissistic perfectionists feel defective; when praised or admired, they experience a grandiose or inflated sense of self. Instead of the guilt that neurotic perfectionists feel whenever they fail, narcissistic perfectionists experience the crippling shame that is symptomatic of very early emotional wounding. While the former are upset about *performing* badly, the latter believe that they themselves *are* bad. According to Ben Sorotzkin, writing in *Psychology* (Fall 1985), "the shame-prone individual would be obsessed with the question, 'How could I have done that?' whereas the guilt-ridden person is more likely to wonder, 'How could I have *done that*?'"

The "tyranny of the shoulds" of the narcissistic perfectionist focuses on the self ("I should be perfect"). The failure to live up to the dictates of the "shoulds" evokes thoughts of "I am worthless," "I am a nobody" (shame). In contrast, the focal point of the neurotic individual's "should" is the action to be done or not done ("I should *never get angry*"). The failure to live up to this expectation evokes thoughts of "I am bad" (guilt).

In short, narcissistic people are perfectionistic because their fragile self-esteem requires the reinforc-

## It is important for the spiritual director or therapist to distinguish between neurotic and narcissistic perfectionism

ing admiration of others. The very fabric of the narcissistic self is held together by perfection; thus, failure is devastating. In contrast, neurotic perfectionism is related to morals and ideals. Neurotics slip into perfectionism because of their compulsion to obey the dictates of a demanding superego.

Although real-life perfectionists usually have both neurotic and narcissistic aspects, it is important to keep this distinction in mind when working with perfectionists in counseling or spiritual direction. In the case of neurotic perfectionism, helpers need to assist clients in examining and modifying their excessively high ideals, bringing them into line with what is more humanly possible. The goal here is the gradual transformation of a harsh superego into a healthy moral conscience. This approach, however, would be too threatening to those whose perfectionism is more narcissistic in nature because "being perfect" is the glue that holds their identity intact. A more fruitful approach in such cases involves the development of a healthy, differentiated sense of self, capable of self-love and self-direction. Narcissistic perfectionists need to be continually reassured about their own goodness, since this is what was lacking in their early lives. An outgrowth of such remedial ego-formation would be the gradual defining of morals and ideals that are personal and internalized.

Helpers can unwittingly fail to provide adequate and accurate empathy when they do not properly distinguish between these two types of perfectionism. Challenging narcissistic perfectionists on their perfectionism is counterproductive because it is experienced as an attack on the self and, as such, a painful rejection. Neurotics, however, are well-



served by empathic confrontation regarding their severe and unrealistic demands. As in all helping relationships, empathic attunement is at the heart of healing and transformation.

## **SPIRITUAL PERSPECTIVE**

As a spiritual affliction, perfectionism can weaken the very foundation of one's spiritual life by corroding one's self-acceptance. Self-acceptance is foundational to faith because, as theologian Johannes Metz has so wisely warned, sinful flight from God starts in one's flight from oneself. Self-rejection easily leads to a rejection of God. Discontented with who and what they are, perfectionists cannot value life as a worthwhile gift from a generous Creator and so are not moved to respond to God with warmth and gratitude. At times their response may even be one of resentment and bitterness, fueled by envious hatred of others, whom they perceive as having been dealt a better hand. Ingratitude results when one's special creation by God is not seen as the gracious act of divine love that it is. Struggling with an abiding sense that they are never good enough, perfectionists can slip into a self-hatred that not only blocks them from loving others but also alienates them from God. In this way self-dissatisfaction mars their relationship with the self's Maker.

Self-acceptance for Christians cannot be a selective process whereby some aspects of the self are claimed as good while others are discarded as undesirable. For self-rejecting perfectionists, the spiritual challenge is twofold. First, they need to embrace the fullness of who they are as persons uniquely fashioned by God. This means overcoming the tendency toward selective self-acceptance. Second, they need to grow in a conviction based on faith that God's love for them is total and without regard for the flaws and limitations of which they are ashamed. Ultimately, spiritual growth occurs when we are graced with a felt knowledge or an emotional realization of our radical goodness and loveliness in the midst of our imperfection.

## **PERFECTIONISM AND PRIDE**

Perfectionists easily fall prey to the sin of self-righteousness because unconsciously they seek, Phariseelike, to establish themselves with God on the basis of their achievements. In other words, they try to earn salvation through their good works rather than receive salvation as an unearned gift. When tempted to gain God's favor through our own religious practice and works, we need to recall that God's approval is freely given, without regard to human merit and despite human demerit. That unmerited favor is lavished on all is the essence of the Good News preached by Jesus.

Another way that pride is revealed in the atti-

tudes of perfectionists is evident in their harsh self-condemnation when their performance fails to meet their unrealistic expectations. In a study of first-year law students, Beck and Burns reported that 80 percent of them needed counseling for anxiety and depression. The majority of these students exhibited perfectionistic tendencies that made them angry, depressed, frustrated, and panicky when they were not at the top or near the top of their class. Accustomed to being first in their undergraduate years, these high achievers were psychologically unprepared for the "average-student" role into which the more selective and competitive environment of law school placed them. In their perfectionism, they condemned themselves as second-rate or as losers. This study illustrates how the excessively high standards of perfectionists can mask an implicit claim to superiority and an unwillingness to accept being ordinary. In treating perfectionists who are heavily defended against recognizing this subtle form of pride, psychologist Richard Driscoll recommends intervening with such statements as "Holding such high standards is your way of saying, 'Nothing that I could ever do would be good enough for someone as superior as myself,'" or "When you make a mistake, say to yourself 'I feel I am too good to make mistakes like other people.'" This form of intervention is based on the premise that seeing their self-condemnation as a fraudulent claim to superiority will give perfectionists a reason to stop it.

## **PERFECTION FOR A CHRISTIAN**

The project of maintaining superiority in all things, combined with the obsession with mistakes, can so consume the attention and energy of perfectionists that they become narrowly focused on themselves. Like a whirlpool, perfectionism sucks people into a hole of self-preoccupation. Because perfectionists identify their worth with their performance, their activities become the mirror into which they gaze with narcissistic preoccupation, searching anxiously for reflections that will reassure them of their self-worth.

A self-absorbing pursuit of perfection has at times been fostered by a commonly misunderstood and misused exhortation of Jesus that Christians should "Be perfect as your heavenly Father is perfect" (Matt. 5:48). Taken out of context, this passage has served as the basis on which Christians were urged to strive for individualistic moral perfection, to be flawless in thoughts, words, and deeds. If to be true followers of Christ necessitates embodying the perfection of God, it is no wonder that the pursuit of perfection has often resulted in fear, hypocrisy, and legalism. Perfection, defined as errorlessness, is a human impossibility. Yet it has masqueraded for centuries as the nature of true Christian holiness. When this biblical injunction is



understood in its context, a very different image of Christian perfection emerges.

This well-known saying is taken from Matthew's Sermon on the Mount. It is immediately preceded by a description of God, who "makes the sun rise on the evil and the good" (5:45) and castigates those who love only people who love them. Thus, as William Spohn, S.J., points out in *America* (March 3, 1990), the context indicates that Jesus exhorts his followers "to imitate God by loving without distinction, not by becoming perfect paragons of virtue." In other words, we are called to imitate God's indiscriminate and inclusive love, a love that causes God to let the sun rise on the bad as well as the good and to allow the rain to fall on the upright and the wicked alike. Thus, the passage does not advocate the pursuit of perfection as a striving for individual moral perfection; instead, it advocates a lifelong stretching of one's capacity to love as God does.

The Greek word used by Matthew for "perfect" is *teleios*. According to scripture scholar William Barclay, the term has nothing to do with what might be called abstract, philosophical, metaphysical perfection. Rather, a thing is *teleios* if it realizes the purpose for which it was planned or created. Matthew (5:48) makes clear that Christian holiness consists in being godlike. As Barclay writes in his book *The Gospel of Matthew*, "The one thing which makes us like God is the love which never ceases to care for [people], no matter what [they] do to it. . . . We enter upon Christian perfection, when we learn to forgive as God forgives, and to love as God loves."

When the focus of Christian holiness is kept on the ongoing development of the capacity to love others as God does, the danger of self-absorption is minimized. When, however, the Christian ideal is seen as the perfect attainment of virtues, a radically different focus emerges. Concentrating on a life of faultless obedience and spotless virtue keeps Christians focused on their own scorecard of good works rather than on the quality of their relationships. The life that the New Testament portrays as the proper response to God's generous gift of love is focused, according to Spohn, not on the pursuit of individual excellence through perfectionistic obedience but on a sincere imitation of Christ, whose life centered on love for the Father and service to those in need. "Too often the pursuit of perfection," states Spohn, "becomes more concerned with the servant than with those who need to be served. In the New Testament, gratitude and compassion, not the drive for perfection, channel Christian commitment into action."

## PERFECTIONISM AND THE SHADOW

Striving for Christian perfection does not mean a denial and rejection of the negative aspects of the personality. Nor does it legitimate the disowning of the "shadow"—that is, those aspects of the person

## Perfectionism can weaken the very foundation of one's spiritual life by corroding one's self-acceptance

that are buried in the unconscious for the sake of maintaining an acceptable outer appearance. In *Aion*, Jung makes the important point that "there is a considerable difference between *perfection* and *completeness*. . . . The individual may strive after perfection . . . but must suffer from the opposite of his intentions for the sake of his completeness." Perfection belongs to God, while completeness or wholeness is all that human beings can hope for. Jung's thinking on this issue coincides with the gospel: for Matthew *teleios* does not mean being perfect in the sense of being flawless; rather, it means moving toward the human goal of wholeness or completeness.

Getting to know our shadow aspects and gradually integrating them into our conscious identity is a way to wholeness. It also frees us from the need to be perfect. Integration, in the Jungian sense, does not mean license to sin or to act out our negative emotions without regard for the needs of others. Rather, it enables us to realize our potential for doing harm and thereby makes us more responsible in relating to others. As imperfect beings we will always be sinful and thus hurtful, both to ourselves and others. But knowing this and recognizing our own personal pitfalls gives us the courage to acknowledge and repair the harm that we do. Such intimate self-knowledge is the cornerstone of compassionate growth toward wholeness. When our desire to be whole replaces our need to be perfect, perfectionism is no longer a driving force.

## PERFECTIONISM HINDERS MINISTRY

Striving for perfection can be an obstacle to effective ministry. The obsessive-compulsive aspect



of perfectionism drives many ministers to overwork, often resulting in the state of chronic fatigue popularly known as burnout. Ironically, ministers who strain to do everything perfectly jeopardize their performance in several ways. First, severe and continual pressure leads to exhaustion and eventually to a distaste for their work, and thus to poor performance. To improve effectiveness, those who find themselves ministering compulsively are challenged not to care less passionately about their work but to relax their efforts and to be gently accepting of themselves when they fall short. Second, because effective ministry today requires collaboration, perfectionists are handicapped by their inability to work with others. Already tired and cramped for time, perfectionistic ministers find that meetings, an essential component of collaboration, become a nuisance, and collaborating with others undesirable. Third, perfectionists, fearing that things will not get done properly, are reluctant to delegate tasks. The inability to trust in colleagues and the compulsion for perfection isolate ministers in such a way that eventually they function as lone rangers rather than as team members.

Perfectionistic ministers also have a negative impact on others when they, like the Pharisees, lay heavy burdens on the people whom they serve. Horney describes how the drive for perfection is externalized and imposed on others: "[This] person may primarily impose his standards upon others and make relentless demands as to their perfection. The more he feels himself the measure of all things, the more he insists—not upon general perfection but upon his particular norms being measured up to. The failure of others to do so arouses his contempt or anger." Horney's words can serve as a warning to ministers who tend to impose unconscionable expectations on parishioners, thus compounding the problems of people who come to them for counseling. Perfection-prone people who seek help in their struggles are best served not by ministers who reinforce their compulsion but by those who can help them understand their limitations and accept their humanness.

## THE PERFECT ARE IMPERFECT

To embrace our existence as human beings in its dimension of weakness can be life-giving in that it

helps counter the myth of perfectionism, so carefully cultivated in the days before Vatican II. It can help us come to grips with the normalcy of our own limitations and failings and to realize that we, like Mary Magdalene, will receive God's compassionate acceptance—not because we are perfect but because we have loved much. We are encouraged to trust in God's great love for us, implicit in St. Francis De Sales's conviction that "to get up after a fall, over and over again, [is] more pleasing to God than if we did not fall." It is human nature to be imperfect. In truth, the only way a person can be perfect is to be imperfect. We are invited to humbly acknowledge our finite human condition, placing our confidence in God's unconditional love for us. As Adrian van Kaam puts it in *Religion and Personality*, "The Lord will never ask how successful we were in overcoming a particular vice, sin, or imperfection. . . . Success and failure are accidental. The joy of the Christian is never based on [one's] personal religious success but on the knowledge that [one's] Redeemer lives." As a bumper sticker succinctly reminds us, "Christians are not perfect; they're just forgiven."

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# Parish Leadership Versus Parish Management

*Thomas P. Sweetser, S.J.*

**L**eadng a parish is different from managing it. If you're confused about the difference, you're not alone. The corporate world has confused leading and managing for decades. Joseph C. Rost recently wrote an entire book trying to unravel the two concepts. In that book, *Leadership for the Twenty-First Century*, he contends that the vast literature on leadership and management has never differentiated between the two. It all seems to conclude that leadership is ultimately good management. This, he argues, is a dead end.

Rost's book is convincing, and it got me thinking about the parish scene. Which aspects of parish life are connected with leadership, and which with management?

First, let's consider the definitions. According to Rost, "leadership is an influence relationship among leaders and followers who intend real changes that reflect their mutual purposes." That means there is an interaction between leaders and people, with both affecting each other. Both are part of the leadership mix. What they are seeking is change. The leaders and people inspire, encourage, lead each other to something new and different. They may never get there, but at least that's what they intended when they entered into the leadership interaction. And the changes they are looking for are in tune with their expectations, values, desires, purposes.

Take a look at Jesus and his followers. That was a leadership interaction. Not only did Jesus influ-

ence the people, but they influenced him as well. This was especially true of the women: the one healed of hemorrhaging, the Canaanite woman who didn't give up, the woman at the well, Mary Magdalene.

Both Jesus and people intended real changes. These changes were not always the same or well articulated, but they were genuinely desired. Jesus brought a breath of fresh air, a new authority. The people longed for freedom, for less oppression, for a better way of life. Jesus offered a way out of routine and boredom. Jesus' purposes and the people's were in sync.

So much for leadership. What about management? According to Rost, "Management is an authority relationship between at least one manager and one subordinate who coordinate their activities to produce and sell particular goods and/or services." This is not leadership. It does not include the notion of change. Instead, the focus is producing and selling something. There is an interaction that takes place between manager and subordinates, but it does not have the same mutuality as leadership. Someone is in charge to see that a task is accomplished. Others help get that task done.

## **CHURCH AS MANAGEMENT CONCEPT**

I don't think of Jesus as a manager. Perhaps Judas was the manager of the purse, but that didn't work out very well. The deacons who were chosen



in the sixth chapter of Acts to help out the Greek widows would be better examples of managers. In fact, the institutional church, as a whole, is a management concept. The church is in the business of providing a service to people, both Catholics and others in need. It embodies an authority relationship between the hierarchy and subordinates in which the activities related to helping people are coordinated. There are leaders within the institutional church, but they are about something other than management.

Leadership does not have the goal of coordinating the delivery of services. It is more about intending real change. An interesting exercise might be to make a list of those you consider leaders and managers in today's church and to compare your list with one made by a friend or coworker. That, however, is not my focus; I wish to look at the differences between leadership and management in a Catholic parish.

Suppose a parish has to solve a problem related to its school and religious education. Ten years ago a new church was built a few miles from the original parish site. At the time there was not enough money for a new education building, so the facility at the old site, although in need of repair, continued to be used for the school and religious education. Should the parish renovate the old facility or build a new facility at the site of the new church?

From a management viewpoint, it is a question of coordinating the activities of those in finance and education to produce the most efficient and farsighted facility for the children. Those in charge come up with the best plan after consultation with the people involved: parishioners, parents, and diocese. Once the plan is finalized, the managers convince the people to support and pay for the project. Whether the result is renovation at the old site or a new building at the new site, the process of deciding requires good fiscal management—getting the most for the money available and providing excellent education for the children.

### EXAMPLE OF LEADERSHIP

Such an approach may be good management, but it may not be good leadership. A second approach would come from the interaction of leaders and people to effect real change based on mutual desires and purposes.

Suppose the pastor, a person gifted with intuition and insight, submits the problem to the people and asks for creative solutions. He emphasizes that this crisis is an opportunity to discover what "we as a parish are being called to by the Spirit." A special committee is formed to explore the alternatives. They analyze the facts and submit a proposal to the parish. The most logical solution, they acknowledge, would be to sell the old school and

build a new education center next to the church. Instead of selling, however, the committee recommends developing the old site for new uses: housing for the elderly and daycare for the children of working parents. Eventually, the redeveloped site would be an income-producing property; more important, it would address pressing problems in the area.

The pastor asks the parishioners to spend a month in discernment about this option, identifying all the reasons for and against the proposal. They are given all the information they need on enrollment, cost, and building plans in order to make a good decision. At the end of the month the pastor asks the parishioners to submit the results of their discernment on index cards: "Are you for the proposal or against it? Give one reason why." The results are given to a discernment group for a final decision.

To their surprise, the members of the discernment group discover that the parishioners are willing to accept the proposal with only minor changes. As one parishioner remarks, "When I first heard of this, I thought it was nuts. But the more I thought and prayed over it, it wasn't so bad. Besides, I'm getting up in years and may just need a nice place to stay. I'd love to be around little children in my old age. The way we went about this decision makes such sense, especially our pastor calling us to think about what we are being called to by the Spirit." Because so many people felt ownership in the decision, the construction of the new building and the renovation of the old were paid for within five years. That's leadership, not management.

### BOTH ELEMENTS ESSENTIAL

In a parish both leadership and management are necessary. Management keeps the parish functioning well and running smoothly. The liturgies are well planned, and the music is rehearsed; the readers are prepared, and the ministers are on time and know their places.

The parish's educational services are well managed when children and adults have access to all the services they require. The school is up to par, and the religious education programs are well developed, with enough trained teachers and sufficient materials and equipment.

There are groups in the parish to handle outreach to the needy, the Rite of Christian Initiation of Adults for new Catholics, sports and recreation programs for the energetic, and activities for youths and seniors alike. All these groups know who is in charge and how they relate to the parish as a whole.

These are all management issues. Without good management, the services the parish delivers would be lacking, and people would be up in arms.



Surprisingly, a parish can get along better without leadership than it can without management. It is maintained through management. It is changed through leadership.

## INTERACTION EFFECTS CHANGE

Where does leadership happen in a parish? Remember that leadership is not just the leader but the interaction between leader and people, and that it effects real change. Here are some examples.

At the 9:30 mass on Sunday morning the song leader gets the congregation singing their lungs out, first one side against the other, then the men versus the women, then the over-40 versus the under-40 crowds. They love it. That's leadership.

The youth director forms a youth council and encourages them to confront the drug culture in the local high school, which most adult parishioners believe has no drug problem. The youth know differently. The ten members of the council start a groundswell of support for getting students in the school to pledge not to sell, buy, or use drugs for six months. Buttons appear on campus that read "No Way—Today!" Teachers are amazed. Students feel empowered. The youth council members smile at each other. The youth director continues to meet with the council every week for prayer and discernment. That's leadership.

The pastoral associate has a bag lunch twice a week for the elderly. Before eating, the participants do exercises together; then, as one man says, they "collapse for lunch." It's getting to be such fun that some of the staff members are coming over for the workout. That's leadership.

## THE PASTOR AS LEADER

What about the pastor? When is he involved in pastoral leadership? Whenever the pastor and people interact to intend real change. Many pastors are not so much leaders as managers, at least most of the time. But there are moments of brilliant leadership.

At an Easter Vigil, for instance, when the pastor and people pull off a stunning ritual of initiation for the new candidates, everyone is moved.

At a finance meeting in which the pastor challenges the committee to think of parish priorities and not just dollars and cents, he stretches their imaginations about what could be.

At the annual "State of the Parish" town hall meeting, the pastor rallies the parishioners to accept the Hispanic community as part of the parish instead of seeing them merely as the group that uses the church once a week for mass.

At the semiannual staff outing the pastor takes a risk by raising a conflict issue that everyone on staff is aware of but is afraid to mention. Amid much anger and tears the staff works through the conflict and pulls closer together as a group.

At the pastoral council meeting the pastor challenges the members to become more visible in the parish so that everyone knows who they are and so that they open themselves to new ideas and suggestions. This leads to displays of pictures of parish activities in the vestibule, special inserts in the parish bulletin, the setting up of a council table during the refreshment period after mass, a council-sponsored potluck supper. The parish is amazed at the change in the council members themselves, who now feel so much more confident and motivated.

These are leadership issues—pastor and people interacting to change the status quo. Both management and leadership are necessary in a parish, but they are not the same. To equate the two leaves the parish without a future. It may keep going for a while as a well-managed organization, but it lacks change because it has no leadership. It is like a church without the Spirit of Jesus at its center. It is like a body with no heart or soul.



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# Depression in Elderly Clergy and Religious

*Catherine Casey, O.P., Ph.D., and Stephen D. Gelfond, M.D.*

**T**he elderly comprise one of the three populations underserved by the mental health caregiver systems in the United States (the other two are children and the chronically mentally ill). More than 50 percent of the population of clergy and religious are over 60 years of age; therefore, it is vital that those responsible for assisting religious men and women in their retirement years understand the unique mental health needs of the elderly.

Depression is a common diagnosis in the elderly, but many elderly depressed people are not receiving the help they need. When a depressed person belongs to the clerical or religious life, depression may be hidden or triggered by elements of the life-style.

In *Depression, Stress, and Adaptations in the Elderly*, Patrick Fry defines depression as "a pathological mood disturbance characterized by a wide variety of feelings, attitudes and beliefs that a person has about her[self]/himself and the world." Depressed individuals may experience pessimism, despair, helplessness, low self-esteem, guilt, and negative expectations. Such mood disturbances are accompanied by other symptoms, such as sleep disturbances, eating disturbances, lack of motivation, lack of interest, memory problems, psychomotor retardation or agitation, social withdrawal, magnification or minimization of events, increased use of medications, chest pains, palpitations, recurrent and frequent infections, headaches, dizziness,

and blurred vision. A person who is depressed will typically exhibit a cluster of three or more mood disturbances and three or more associated symptoms.

There are times and events that indicate that a person may be vulnerable to depression. People who are over 65 years of age are at risk. Furthermore, persons dealing with significant loss, serious chronic illness, or a disabling injury are at greater risk for depression. In addition, persons with a previous psychiatric history, especially suicide attempts or previous depressive episodes, are more likely to become depressed. In an aging population the diagnosis of depression is complicated because multiple factors may create symptoms that are not necessarily due to depression. Older individuals often take medications for diseases such as hypertension, diabetes, arthritis, and cardiac disorders. Some of these medications may have side effects that cause depressive symptoms. Also, elderly persons, more than younger people, are prescribed psychotropic drugs such as tranquilizers, sedatives, and antidepressants. Furthermore, the aging process includes biochemical changes in the body, and an older person may begin to experience negative side effects from medications that previously caused none. Finally, older people are at high risk for depression because they are often faced with physical debilitation, chronic disease, and significant personal losses.



## SPIRITUALITY SOMETIMES HARMS

The elements of religious and clerical life-styles that may mask or exacerbate depression include spiritualities that are based on a passive, dependent relationship with God and an emphasis on considering the self lowly, unworthy, and sinful. Such spiritualities were prevalent when currently elderly clergy and religious were younger. Furthermore, in the years before the leadership of clergy and religious understood the importance of addressing the personal growth and psychological needs of their membership, individuals were told to take their problems to prayer. Those with unresolved issues were often reassigned with the hope that they would do better in new environments. Such procedures often resulted in even lower self-esteem and compounded the individuals' sense of loss or alienation.

Older clergy and religious are also faced with losses of family members, friends, and meaningful work activities. For those who came to the United States as foreign missionaries, there is the added loss of being so far from their homeland as they become less able to travel. Additionally, the elderly are faced with the loss of roles of importance and influence, such as teacher, pastor, and administrator, as well as the loss of independence, autonomy, and mobility.

## CARING FOR THE DEPRESSED

Individuals involved in the care of aging clergy and religious frequently have previous relationships with those elderly and are in a position to assist health care professionals in the assessment and treatment of any depressed persons in their communities. Fry stresses that such assessments should gather all pertinent information about the individual, including:

1. Interpersonal factors (e.g., existing relationships with family, friends, and confidants) and interpersonal skills and competence in those relationships.
2. Intrapersonal factors, including (a) a thorough medical history, which includes biological factors such as age, genetics, physiological functioning, disease history, chronic illness, and functional incapacities; (b) psychological variables, personality traits, and intellectual functioning; and (c) spiritual assessment, including image of God, approach to prayer, and beliefs about sin and forgiveness.
3. Life-cycle factors, such as accomplishments, adversities, bereavement, and loss.
4. Environmental factors, including recent changes (e.g., transition to a nursing care or retirement facility), social isolation, monotony.

It is important to differentiate between what is

normal aging and what is pathological and to consider the multidimensional factors that may cause symptoms in the elderly. Retirement center staffs, including nurses, pastoral care workers, and consulting medical and mental health personnel, are in a position to assist in obtaining an accurate assessment of interpersonal factors and environmental factors. Pastoral care workers can obtain a helpful spiritual assessment that is crucial in work with aging clergy and religious. Psychologists and counselors can assist with information on personality traits, intellectual functioning, and life-cycle factors.

The physician involved should perform a complete medical history, physical examination, and series of laboratory tests to identify physiologic abnormalities that may present as depression (e.g., endocrine disorders, paraneoplastic [tumor-associated] processes, and organic affective disorders due to medication reactions, medication interactions, and abuse of alcohol and medications).

## ILLNESS BRINGS DEPRESSION

Elderly depressed persons may not be referred for evaluation because their depression is considered by caregivers to be "appropriate" for people growing sicker and older. This problem suggests that health care providers may not be aware of emotional disorders that accompany illness. Two of the best examples are post-stroke depression and paraneoplastic depression. The findings of a Johns Hopkins research group suggest a biologic basis for the treatable mood changes following stroke. Likewise, depression often accompanies cancer. Depression associated with pancreatic cancer is an example of a mood change resulting from a neoplastic process. While the relationship is not yet clearly understood, ovarian tumors can cause degeneration of brain tissues in the cerebellum (which regulates balance and equilibrium) by producing antibodies to certain brain cells.

Furthermore, the elderly are susceptible to drug-drug interactions. Some are treated by several physicians who do not communicate with one another. The doctors prescribe medications for multiple medical problems, with the frequent result that the patient takes numerous medications of which some of the physicians are unaware. This can lead to toxic or adverse reactions. A good policy is for a retirement center staff to have at hand a complete list of medications and to have individuals bring all of their medications when they visit a physician. A good physician will check for adverse drug reactions and simplify the medication regimen whenever possible.

Caregivers should not assume that Alzheimer's disease and other forms of dementia cannot be helped with treatment. If the person manifests depression as well as poor concentration, reduced



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## Caregivers must not overlook addictive disorders, which may present as depression

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attention span, impaired memory, negativism, and withdrawal and is diagnosed as demented, he or she may be deprived of treatment for a primary depressive disorder. Although depression may be an early symptom of dementia or may accompany dementia, there is some evidence that treatment of depressive elements in the demented person can improve the quality of life, if not functional abilities.

Caregivers must not overlook addictive disorders in the elderly religious, which may present as depression. Alcoholism and addiction to minor tranquilizers, sedatives, and sleeping pills often have an associated depressive picture, which may be a consequence of the addiction. It is possible for the depression to become a focus of treatment and for the addiction to be overlooked. The elderly addicted priest or religious may have been sheltered for many years by the religious community or church system, which become partners in a conspiracy of silence. Addictive disorders can exist secretly; hidden by the guilty and ashamed priest or religious, they go unnoticed by friends and community members and are therefore not treated.

### GOALS OF TREATMENT

A coordinated approach to assisting depressed clergy and religious is desirable. Retirement center and nursing care staff, along with individuals skilled in psychology and psychiatrists attuned to pharmacological treatment of the elderly, can make a significant positive change possible for the person who is depressed. Goals are to assist the individual in restoring self-esteem, gaining mas-

tery of changed life situations, dealing with loss and grief, expressing appropriate affect, and developing or strengthening social support systems. However, if the biochemical processes in the individual are causative of the depression, the appropriate pharmacological treatment is imperative; otherwise the above goals will be difficult if not impossible to achieve.

Medical treatment of depression in the elderly should take into account past responses to any treatment of prior episodes. If there is a family history of depression, knowing what treatment helped the blood relative is often a useful guide in selecting therapy options. Major depressive disorder can present as single or recurrent episodes. Antidepressant medications are particularly effective, although electroconvulsive therapy still has its place in the treatment of the elderly depressed.

### MEDICATIONS FOR DEPRESSION

Nortriptyline (Pamelor), a tricyclic antidepressant, is especially well tolerated and has minimal cardiovascular and anticholinergic side effects (dry mouth, blurred near vision, constipation, urinary retention). Regulation of dosage by well-established blood levels is another positive attribute of the drug and allows careful monitoring. Trazodone (Desyrel) is less anticholinergic, more sedative, causes lowering of the blood pressure with standing, and must be used with great caution in patients with ventricular cardiac arrhythmias. Fluoxetine (Prozac) is a safer agent from the cardiovascular aspect, but its long half-life and inhibition of oxidative metabolism by the cytochrome P-450 enzyme system causes elevation of the blood levels of certain other medications and requires very close monitoring. Flexibility of dosing with liquid fluoxetine is a recently available aid. Newer agents such as sertraline, which selectively inhibit the reuptake of serotonin (a brain neurotransmitter related to depressive disorders), may have greater utility in the elderly because of a shorter half-life and lack of cytochrome P-450 inhibition.

Monoamine oxidase (MAO)-inhibitor antidepressants are well tolerated by the elderly but require caution in administration. The primary side effect is lowered blood pressure when standing. This can be managed with the use of support hose and abdominal binders and with an increase in sodium levels, produced either by the addition of dietary sodium or by the administration of mineralocorticoids (salt-retaining steroid hormones). The patient taking MAO-inhibitor antidepressants also requires monitoring for liver toxicity. The dangerous and potentially fatal drug and food reactions associated with such antidepressants are typically manifested by severe hypertension mediated



through tyramine in certain foods, as well as through interactions with certain medications, such as stimulants, decongestants, weight-loss preparations, and some antidepressant drugs. MAO-inhibitor drugs also have dangerous interactions with fluoxetine and other serotonin-reuptake inhibitors (symptoms of the serotonin syndrome are headache, skin flushing, diarrhea, vomiting, incoordination, fever, and mental changes) and potentially fatal interactions with meperidine (Demerol). In spite of these and other limitations, the MAO-inhibitor antidepressants are useful if the careful monitoring of diet and other medications is possible. Two representative types are phenelzine (Nardil) and tranylcypromine (Parnate).

## **MEDICATIONS FOR BIPOLAR DISORDER**

If the patient has bipolar disorder (manic-depressive illness), lithium carbonate is the treatment of choice. The dosage must be carefully regulated, since lithium is excreted by the kidney, and kidney function declines with age and illness. Other medications interact with lithium and may increase or decrease lithium levels. Alternative medications for bipolar disorder include anticonvulsants such as carbamazepine (Tegretol) and sodium valproate-valproic acid (Depakote). Treatment of the depressed phase of bipolar disorder requires cautious use of antidepressants if the depression does not respond to lithium or its alternatives. The hazard is the possibility of initiating cycling of mood states.

## **TREATING DISORDERS WITH COMPLICATIONS**

Treatment-resistant depression often responds to the addition of lithium and, less often, of thyroid hormone to the antidepressant regimen. Psychotic elements of depressive disorders may require additional treatment with neuroleptic (antipsychotic) medication.

Another group of illnesses that may present as depression are decompensated obsessive-compulsive disorders. Such disorders may respond to fluoxetine or to clomipramine (Anafranil). A relatively new class of agents, the azapirones (represented by buspirone [Buspar]) has utility for the treatment of anxiety. Some evidence exists for its efficacy for both depressive and obsessive-compulsive disorders.

Frequently, caregivers are confused about the many antidepressant medications that are available. Elderly individuals may wonder why they have to take another pill, or why the medication they are taking is different from one being used successfully by a friend. It is important for all concerned with the care of the elderly to understand the helpfulness of medication, to allay patients' fears that taking medications for depression

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## **Many elderly depressed people in religious life perceive their state of suffering as appropriate punishment for wrongdoing**

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is a sign of weakness, to be alert for harmful side effects and negative drug interactions, and to know the dietary prohibitions that may be necessary with a given medication.

## **RELATIONSHIP AIDS TREATMENT**

Many elderly depressed religious people perceive their state of suffering as appropriate punishment for wrongdoing. They avoid treatment and withdraw instead of revealing their symptoms. Understanding and compassion are required of everyone involved in their care. Chaplains, pastoral care workers, or counselors may be in the best position to establish a therapeutic relationship that is the foundation of a good treatment outcome. All involved must take a flexible approach to the elderly clergy or religious and be willing to work cooperatively with psychiatrists, nurses, cotherapists, family members, and the religious community. When psychiatric inpatient care is required, it is most productive in a multidisciplinary unit focused on the needs of the religious. Such a unit reduces patient resistance and staff countertransference, and provides a unified, motivated therapeutic setting.

In the American culture the tendency is to see problems of the elderly as pathological, progressive, and irreversible and to infantilize the aged. However, staff of retirement centers for clergy and religious are in an excellent position to understand the complex interplay and implications of the family history, relationship history, work history, medical history, cognitive functioning, and psychophysiological capacities of their depressed residents. The sensitive administrator gathers



medical and mental health professionals to assist other caregiving staff. The depressed elderly always should be treated with respect, listened to carefully, and included as a responsible person in the treatment and decision making process as much as possible.

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## New Clinics Focus on Chronic Pain

It has been estimated that as many as seventy million Americans suffer from pain that is chronic. By definition, chronic pain lasts more than three months and has no obvious cause or easily discovered remedy.

Pain is a complex phenomenon that is considered medically in terms of four aspects: (1) *nociception*, the perception (by a nerve ending) of an injurious stimulus; (2) *pain*, the mind's apprehension of the signals that are relayed through the nervous system; (3) *suffering*, the emotional reaction to pain, including alarm, anxiety, anger, depression, and other mood changes; and (4) *pain behavior*, the coping mechanisms that are often associated with chronic, unrelenting pain. These behaviors may include becoming socially withdrawn, consciously or unconsciously inviting sympathy, habitually treating oneself as an invalid, enjoying the attention and privileges that come with the avoidance of daily chores and demands, and developing an ambivalent attitude toward the prospect of getting help for the pain.

Because pain is multidimensional, it is today considered to be most effectively treated in a multidisciplinary clinic equipped to deal with all of its aspects. The *Johns Hopkins Medical Letter* reports that "the best clinics for chronic pain are those staffed by an array of specialists who consider their goal a restructuring of the entire pain syndrome through a combination of appropriate medications, physical therapy, psychological counseling, and other strategies, such as biofeedback and hypnosis." Some of the common problems treated in these clinics are persistent headaches, neck and back pain, pain resulting from the injury or compression of

nerves, severe arthritic pain, persistent muscular pain, pain that persists after a case of shingles, and intractable pain of unexplained origin.

Multidisciplinary pain clinics are not all alike, the *Hopkins Letter* explains: "Some are staffed by physicians who place a particular emphasis on using such techniques as nerve blocks; some are situated in a hospital's department of psychiatry; some are located in a hospital's department of rehabilitation, where emphasis is placed on the vocational and economic consequences of suffering from chronic pain, as well as on medical treatment and psychological counseling. Some clinics treat people in-hospital, some treat on an outpatient basis; some do both." According to the American Chronic Pain Association, the ideal clinic staff should include a physician, a psychiatrist or psychologist, a registered nurse, a physical therapist, a vocational counselor, a biofeedback therapist, an occupational therapist, and a family counselor.

A good clinic might help as many as 85 percent of its patients to reduce their pain; 60 percent to feel they no longer need the health care system to tend to their problem; 40 percent to return to work; and 30 percent to eliminate their pain entirely. People looking for a reputable pain clinic in their home area can find one by contacting the National Chronic Pain Outreach Association at 7979 Old Georgetown Road, Bethesda, Maryland, 20814-2429 (phone: 301-652-4948) or the American Chronic Pain Association, P.O. Box 850, Rocklin, California, 95677 (phone: 916-632-0922).



# Choosing a Treatment Center

*Canice Connors, O.F.M., Conv., Ph.D.*

**J**ames Gill, the Editor-in-Chief of this journal, has opened this space for a "common-room discussion" on questions of faith and behavior. Trusting the informality of common-room dialogue, I would like to propose this question: Are specialized treatment centers for clergy and religious necessary for the nineties and beyond?

Let's assume that everyone has read the September 1991 issue of *Sisters Today*, including Robert McAllister's thought-provoking contribution to the dialogue on our question, *Mother Church, Doctor Freud*. We all remember that McAllister did not believe that specialized centers could be justified on the basis of cost, effectiveness, length of stay, or the argument that clergy and religious need specialized treatment. On the latter point, he felt that we were only exacerbating the societal stigma of emotional illness by hiding the fact that religious suffer the full range of human problems and can receive help openly in public institutions. Obviously, these few words do not do justice to the force of McAllister's presentation, but every discussion needs a starting point.

The treasurer-type among us might borrow McAllister's numbers and point out that the average monthly cost of a treatment at a specialized center is \$6,500, as compared with \$18,300 for treatment at a mainstream psychiatric hospital. But the average length of stay in the latter is 20.3 days, as opposed to six months in the former.

Remembering that averages are just that, one need not be a rocket scientist to figure out that dioceses and congregations are paying out a lot more for church-related care. On a per diem basis the specialized treatment centers are a bargain, but when length of stay is computed they are a burden. Are the church-related folks just less efficient at getting the job done?

Let's take a look at the goals of each type of institution. The mainstream institutions legitimately focus on amelioration of symptoms and stabilization of human functioning. The church-related folks also aim at these results—plus, generally speaking, three others. First, they seek to help the patient place a particular instance of suffering into a faith perspective: asking "Why am I undergoing this experience?" raises the question of what and who God is for the patient. Second, they seek to bring forward the issue of vocational choice: "Why did I become a religious or priest, and how does that affect what I am going through?" Third, they seek to prepare the patient for a return to effective ministry with a clear grasp of what impact the crisis has had on the manner in which he or she offers and receives service. Centers put together teams who try to address these pluses while using various therapeutic modalities.

No doubt someone will recall the religious who stayed and stayed at a treatment center without showing any improvement. Perhaps someone else



will recall how many years the treatment of another religious was deferred because of various rationalizations. It takes time to surrender years of defenses. Like physicians, clergy and religious are slow to become patients.

Lengthening a patient's stay at an institution carries the potential of creating dependency and inviting the individual to become excessively riveted on self. Someone will recall the returnee so taken with personal well-being that concern for ministry took an obscure second place. Or the one who bored the community to tears with daily praise of The Center. Prolonged immersion in the culture of therapy teaches some to speak a jargon that converts common conversation into a foreign language.

## **TIME BRINGS ADVANTAGES**

And yet, lengthy treatment has virtues. It takes time and patience, and thus money, to get beneath the surface and the symptoms to what may have been years of suffering and denial. The trend in the public sector is toward brief hospitalizations. While conforming to these standards, mainstream professional staffs document the negative therapeutic outcomes often associated with calendar watching. Suffering people are encouraged into the therapeutic process and then abruptly returned to their daily routines, to the detriment of their recovery. Some well-known institutions are trying to compensate by devising strategies of keeping patients in "housing situations" while they continue their therapy on an outpatient basis (at about the per diem cost of the church-related centers).

The more theoretical and theological want in on this discussion. Cost and length of stay aside, is there something about our vows and ordination that argues for specialized centers for clergy and religious? Some would argue that there is a certain consistency in providing separate treatment facilities and supporting the need for special environments for formation. I suspect that currently a majority of discussants would not find vows or ordination a sufficient rationale for the justification of separate treatment centers. After all, an alcoholic priest denies with the same fervor as an addicted plumber. So let's forget the occupation and cut to the denial. Telling Sister that there is something special about her depression may be more depressing still. Few would want to argue that God is more present to the staffs of church-related centers. If the therapist is a cleric or religious, that may inflict additional countertransference issues. In theory, therapy should be value-free; in fact, many have gained recovery in nondenominational settings. Others have benefited in "religious" surroundings. Contrary to some, I believe that the use of the priest-religious identity shield is more likely to be challenged effectively in a church-related center.

The diagnostic sciences and therapeutic arts have helped us to identify human problems accurately and to treat them effectively. But there is another task, which I believe to be a prophetic one, that should be realized only through an effort driven by faith values. Human suffering exceeds the categories of diagnosis and the modalities of treatment. I believe that the church-related centers can make a unique contribution in keeping alive the truth that suffering binds us all into close community. Where we support persons in telling the truth about their suffering, we create the holy place where the mystery of the death and resurrection can be witnessed. I do not believe that the entire story of the church-sponsored treatment centers can be told if we leave out this prophetic dimension. The lasting contribution of the centers will be measured not by how many religious and clergy were healed, but by how many discovered the light and joy of the Resurrection by working through the darkness of their suffering.

The historically inclined in the community may want a moment to review the thirty-year experience of church-related centers. Guest House pioneered effective treatment for alcoholic priests; many would never have considered recovery without a friendly church environment. The House of Affirmation represented an explosion of talent and resources at a time when renewal generated specific questions about delayed or stunted human development. Southdown, in Canada, is testimony to the drive of a single priest who was ostracized from his diocese because of his illness and who converted that rejection into a well-coordinated center for healing a wide variety of afflictions. St. Luke Institute is evidence of the creative genius of a priest-psychiatrist who was convinced of the need for specialized hospital care. And the Paraclete Community is known for its long tradition of dedicated care for church personnel. These examples are representative of an enormous investment of resources toward the care of priests and religious. One of them no longer exists; others are struggling. Are we on the cusp of recognizing a generous effort that is no longer required?

## **MORE RESEARCH NEEDED**

Part of the difficulty in answering that question lies in the fact that these centers have focused all their energy on treatment; little if any research has been completed. There is a wealth of information and experience that must be researched and shared in the near future. For example, in regard to the currently hot topic of the sexual abuse of children, the church has, with a variety of motives, invested more in the treatment and understanding of pedophilia than any other institution. We are capable of making a fundamental contribution to the problem if we commit the funds for research.



Like all start-up ventures, these centers struggled for survival and functioned under competitive conditions. We should hope for the richer outcomes of cooperative efforts to consolidate treatment findings in order to improve prevention and to refine screening protocols. The question is not whether centers should exist but whether we have used them effectively in addressing the long-range questions of recruitment and formation.

The discussion about the continuance of church-related treatment centers will not be confined to common rooms; it will be carried on in council meetings and chancery gatherings. The centers are under the same financial pressures that affect other components of the health care system. While all these factors are being sorted out, I would like to make some suggestions regarding the immediate future of the surviving church-related treatment centers.

### **SUPERVISION OF MINISTRY**

The experience of the past thirty years has taught us that it is not good to isolate the person-in-healing from possibilities for ministry. I would suggest that the centers discover ways of continuing the benefits of residential treatment, with supervised ministry as an element of the total program. This will directly address the criticism that the centers encourage the recovering person to self-concern yet provide little or no assurance that the outcomes of treatment will be integrated into the demands of a work setting.

It is also an opportune time to take advantage of the emerging phenomenon of Catholic health sys-

tems. No one can afford isolation. We are capable of articulating a system of concern for all those in church ministry. Competition and isolation should yield to the networking of information placed at the service of the larger church on issues of recruitment and formation. After thirty years we have profiles and protocols that allow early detection and effective treatment of the problems currently generating negative press.

Finally, the centers should be sharing the proven models for follow-up care. Such models would restore confidence in the process of reassigning priests and religious who have undergone treatment. Adopting the strategy of dismissing difficult problems is merely dumping on society to effect legal protection of our assets. Now is the time to collaborate on publishing effective models that will support bishops and superiors during the difficult process of reassignment.

Let's continue to discuss the question of supporting specialized centers in a manner that promotes reforms, celebrates accomplishments, and adjusts to the current challenges affecting church personnel.



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# Treating Psychiatrically Ill Religious

*Thomas J. Tyrrell, Ph.D.*

**S**everal issues predominate in the current literature regarding the residential psychiatric treatment of Roman Catholic clergy and religious. Two that affect both religious superiors and attending clinicians concern separate facilities for religious professionals and length of stay.

There are implicit and eminently practical assumptions that must be addressed before appropriate resources can be located. Consideration of these assumptions will not only challenge the professional community but also will assist religious superiors in choosing a residential treatment facility when necessary.

## THE ASSESSMENT CONSULTATION

Brother Jude sits in the psychiatrist's office, his face a mask of indifference. Deep circles beneath his eyes betray his lack of sleep. His uncombed hair and disheveled appearance suggest dejection, confusion, disorder. Three other people are in the room, but he does not seem to notice; two of the three are his religious superiors, the third a psychiatrist. "Brother Jude is severely depressed," the psychiatrist says, "and our assessment suggests that he may be giving serious consideration to taking his own life. We think it is necessary that he be admitted for inpatient treatment immediately. However, once his symptoms are relieved and he is out of immediate danger, there are longstanding

problems that must be addressed before he can consider returning to active ministry."

## THE TREATMENT CHOICE DILEMMA

This scene is all too familiar to religious superiors. Equally familiar is the internal tension generated by such an event. Brother Jude's pain is visible. Compassion and justice insist on a response that will offer appropriate pain management. But how is treatment to be determined? Is the basis for managing his pain based exclusively on mental health criteria? Granted, a comprehensive assessment that addresses personality development, current emotional environment, and biologic status provides an impressive array of data. Such an assessment can describe the person's sense of self and relations with others. It can describe the person's attitude toward his or her body and the freedom or limits in his or her ability to cope with the task world. In sum, all of the incidents and events in the person's life that promote stress would be described, along with how he or she is or is not coping with that stress. Nonetheless, the decision concerning a religious professional's treatment is not exclusively medical.

Indeed, two of the most essential areas of concern lie outside the purview of medical and behavioral science. The first is the person's fundamental commitment to life as a religious participant. The



second has to do with the fact that for a religious professional, every episode and event in life must be seen as ultimately being in the service of forming the ability to respond to the call to worship. If these two areas of concern are not addressed by the attending clinician, it is unlikely that the religious professional will be referred to a healing environment appropriate to his or her calling.

### AN IMPORTANT DISTINCTION

It is the rare clinician who will not make a caring statement to colleagues about his or her patient's suffering. "But note this," writes Daniel Helminiak: "most theological dictionaries will carry [entries] on both pain and suffering, but medical and psychological dictionaries will list only pain." Pain, according to standard usage, refers to a sensation of hurting; suffering points to the bearing or undergoing of pain. The former is a descriptor of the immediate situation, whereas the latter might be viewed as implying the broader and deeper significance which that pain holds in the person's life as a whole. From a medical or behavioral perspective, pain generally signifies that something is wrong; the same holds true in a theological view of suffering. However, the theological view is paradoxical, for it also comprehends suffering as intrinsically and essentially hopeful.

For centuries the concept of suffering-as-hopeful has been understood as the very heart of Christian worship: the sacrament of Eucharist. In *The Living Bread* Thomas Merton reminds us that in the Eucharist we do not merely memorialize the suffering, death, and resurrection of Jesus; we continue to live the event. Furthermore, in the actions of our preparation and liturgical participation we testify that suffering is not something to be managed or otherwise eliminated; it is to be encountered, accepted, and endured in the transcendent and liberating attitude of Christian hope.

This is an extremely difficult realization for adults who suffer the pain of incest, sexual molestation, rape, or other forms of violence inflicted on them either as children or as adults. In a depressed or highly anxious state, people who have been victimized by violence may not be able to tolerate the celebration of the Eucharist. Indeed, while undergoing treatment for sexual abuse, religious professionals attempting to address their loss of hope and to restore their ability to trust are often unable to attend any religious exercise, including the Eucharist. Frequently, the inability to attend religious exercises is a significant aspect of the treatment process and must be approached with understanding and acceptance in order to prevent revictimization. Nonetheless, the liturgical reality persists: the Eucharist is the central healing, integrating, and transforming event in the life of Chris-

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**For a religious professional, every episode and event in life must be seen as ultimately being in the service of forming the ability to respond to the call of worship**

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tian worship. It is the event in which we encounter hope incarnate.

The implication is clear. If a treatment facility perceives its mission as being confined to pain management, the religious dimension of Brother Jude's life is excluded. This also holds true if the facility merely makes it possible for him to pray or to attend liturgical exercises. Simply put, religious professionals are not well served unless the attending clinician and treatment facility understand the role of the Eucharist in Christian life. This is not antithetical to professionally competent medical or behavioral pain management. However, living in an environment in which a religious professional is understood as someone who is suffering the pain of psychiatric illness contrasts sharply with living in an environment in which the focus is only on trying to manage pain. In the former case, the facility is, in essence, liturgically centered. This does not mean that liturgical exercises substitute for or displace the therapeutic events appropriate to professionally competent pain management. It simply means that an attitude and atmosphere of hope permeates each and every aspect of the patient's daily life. In such an atmosphere the religious professional is continually touched by the healing reality of the Eucharist, even when his or her illness prevents attendance at the liturgical event.

### TREATMENT AS A FORMATIVE EVENT

There is another issue operative in the distinction between pain and suffering. As noted previously, the clinician who takes care of a religious professional must consider that every episode and event in that person's life is in the service of



forming and transforming the ability to respond to the call to worship. Consequently, in addressing a religious professional's pain, the attending clinician must appraise that person's ability to enter the deeper realities of faith, repentance, forgiveness, and compassion, which facilitate the response to worship.

In this regard the pioneering work of Otto Kernberg, Daniel Levinson, and Stephen Johnson is of inestimable value. These thinkers teach us that the events that form our presence and response to daily life cannot be divorced from our personality formation. Brother Jude may be depressed, but he may also be responding to traits, features, or a fully formed personality disorder that can literally render him spiritually impotent. He may have a heart-felt desire to live an authentically religious life, but he may also have an extensive and hidden history of acting under the influence of forces that render him destructive. He may emotionally, physically, or sexually abuse parishioners. Or he may be a victim of abuse and find it impossible to trust or forgive others. Furthermore, his history of pain may have formed a pathological character structure so refractory to treatment as to render outpatient therapy impossible and inpatient treatment extremely difficult and lengthy. This is not welcome news to communities plagued with decreasing revenues and spiraling costs. But when faced with the possibility of the staggering cost of decades of revolving-door treatment or the possibility of litigation resulting from destructive behavior, long-term inpatient care may prove to be the most economic approach.

## THERAPY IS FORMATIONAL

The issue of pain versus suffering is operative in the arena of character pathology. The transformative work of therapy needs to be viewed as part of the overall formation project of being a religious professional. People whose character structure is deformed suffer enormous pain. Further, because of the length of time required to effect, or in some instances to initiate, therapeutic transformation, they or their superiors often lose hope and give up before the change process is underway. Remembering that the management of this kind of pain is difficult and lengthy is crucial. Persistence is essential if the change process has any hope of success. At issue, however, is not simply a matter of learning to refrain from self-defeating or destructive behavior, but one of being touched and healed by the liberating inner hope found at the heart of

worship. At issue is the need to persist until the person can actively, freely choose to participate in the values and practices of vocation.

For people suffering the pain of character pathology, Stephen Johnson has put the issue of treatment in remarkable perspective. It is, he states in *Characterological Transformation*, "the hard work miracle." In *Fundamental Formation*, Adrian van Kaam maintains that for religious professionals, the work of formation is in the service of correcting those areas in life which are deformed and which inhibit religious professionals from participating in the transcendent dimension.

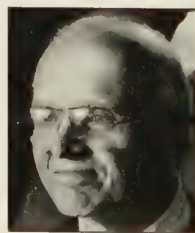
## COLLABORATION IMPROVES RESULTS

Religious professionals suffering the pain of profound and prolonged psychiatric illness benefit greatly from the inpatient services of a liturgically centered facility. Moreover, experience indicates that the psychiatrically ill religious professional's formation project may not be well served without the collaboration of superiors and mental health professionals who are willing to support and engage in long-term treatment.

With the mutual collaboration of religious superiors and competent professionals who offer spiritually sensitive treatment in a liturgically centered environment, a "holding environment" of support will be created—one that promotes in religious professionals the growth that will enable them to make authentic and free choices in relation to their vocational commitment and ministry.

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# A Life's Work

*James Torrens, S.J.*

## Warming to the Task

I.

"my, your hand's cold,"  
you said, arching a brow,  
i could not wear sweaters enough

'oblivion has me worried, sir,  
and i'm afraid to displease you.'  
"that's contradictory," you laughed

'i fear being stripped by looks,  
and swaying like a reed.  
i fear pitching into the morass'

"me too, i am afraid for things."  
you said, "they're flagging badly,  
so, twitches and all, warm up,  
you're going in"

II.

my old fool heart,  
if i go out or in,  
still trembles with desire,  
its needle wayward.  
please call it back

are kisses a sacrament?  
is there pure fire?  
closeups, i confess,  
arrest my focus.  
fit me your eyes

III.

"are you a good subject?"  
'i honestly don't know'  
"let's see"

"off with that shoulder load"  
my spare things!  
it straightens me up though

"hand me that long list  
of your 'Objectives.'"  
i blanch

"now i want your name."  
'the one signed to my works,  
so they won't forget?'

"yes, and your chit-chat name,  
which brings you to the phone—  
that too"

"good, and your address book"  
gasp! "it's in safe keeping,  
trust me"

'you seem unsure, a mere  
snap of the fingers calls it  
all back, shall i?'

'no ' "no? ask yourself,  
what's left?" my turn to laugh.  
'i guess you'



**E**arlier this year a Dutch Jesuit friend, Paul Begheyn, editor of *De Heraut*, invited me to write a résumé of Catholic spirituality today in the United States. Brashly, I agreed (fools rush in . . .). Nonetheless, the effort gave me a clearer view of the many streams flowing through what we otherwise think of as a parched land given over to an uncouth culture.

Attention to prayer in our country, to begin with that, is surprisingly strong, according to Andrew Greeley. Writing in the *Tablet* (August 24, 1991), Greeley reported that about 57 percent of U.S. people claim to pray daily, and more than three-quarters at least weekly. Religious publishers are finding that books on prayer are now a hot item. To take one instance, interest is strong now in the prayer of quiet—untypical for Americans, one would suppose—as disseminated by the Trappist Basil Pennington of Spenser Abbey and others. In urban parishes, amid the continual din of horns, sirens, street work, and shouts for attention, city people gravitate to chapels or homes weekly for twenty minutes or so of this prayer of presence, nurturing together the simple desire for God and attention to God. Taize prayer too, with its brief, simple music and recurrent phrases, feeds on this same desire to focus on God and salvation.

The charismatic movement, whether or not still in full vigor, has permeated U.S. Catholic life. At mass nowadays, one sees people praying quite openly with their hands outspread, murmuring petitions or assenting audibly to the celebrant's prayers. This would surely have raised eyebrows in my youth. But a generation ago, the devotional vacuum that some felt as the result of shifts of religious sensibility, plus the Protestant example of spontaneous prayer, made many Catholics receptive to the loud, enthusiastic singing, the petitioning and testifying, the prophesying and speaking in tongues, even the baptism in the Spirit practiced by the charismatics. Those of us on the sidelines, leery of their ardent proselytism and chary of unleashing certain group phenomena, have nonetheless been strongly affected by the charismatics. The general openness to shared prayer, for instance, is attributable to them (and favored also by the Encounter movement).

In another vein entirely, the spirit of Dorothy Day has proved infectious. What I think of as Catholic Worker spirituality, built upon the beatitudes, has animated volunteer communities in Appalachia, on Native American reservations, and in the inner city. Many such centers, including Covenant House, are under Franciscan auspices. Religious women administer a wide scattering of them. The Jesuit Volunteer Corps attracts many generous people, those casting an uneasy eye at the consumer society, with its startling and humorous

challenge, "You're ruined for life." *Sojourners* magazine provides them with a monthly reading of the social gospel. So the radicalism of the gospel keeps exerting its pull and claiming disciples, from the sari-clad followers of Mother Teresa to the peace workers, farmworker aides, and defenders of the environment who draw support from prayer and develop a sense of community.

As to the effect of feminism on U.S. Catholic spirituality, this has been illustrated for me mostly by friends and collaborators among women religious. The collection of essays *Women's Spirituality*, edited by Joann Wolski Conn, well expresses the range of positions and insights, and celebrates the great exemplars—Teresa of Avila and Catherina of Siena. Anne Carr, in her essay "On Feminist Spirituality," looks beyond the female, as opposed to the male, characteristics that have marked the prayer of women historically and cross-culturally and that will continue to do so. Feminist spirituality, in her view, entails also the rejection of "a narrowly defined 'place'" for women and favors "full opportunities for self-actualization and self-transcendence." Carr looks forward to a world of genuine mutuality and reciprocity—"non-competitive, non-hierarchical, non-dominating" in its modes of relationship—integrating "the model of feminist sisterhood into a wider vision of human community with men as brothers." She concludes: "Wise as a serpent, cunning as a dove, Christian feminist spirituality resorts to prayer as the only hope for its vision, even as it struggles to act, here and now, to bring it into reality."

## IGNATIAN SPIRITUALITY NORMATIVE

While reading, writing, and thinking about the foregoing veins of spirituality, I became conscious of how much is feeding into me today from diverse spiritual sources. Wilkie Au, S.J., spreads out a full spectrum of these sources in his guidebook of holistic spirituality, *The Way of the Heart*. I must admit, for my own part, that I still find the spirituality of St. Ignatius—the Spiritual Exercises, in particular—to be normative. My guiding concepts, including prejudices and reservations about what I discussed above, come from there. This came home to me while reading the fine and sensible book *Ordinary People as Monks and Mystics* by Marsha Sinetar.

The author begins her second major unit, "The Way of the Mystic," with this sentence: "Only in mystics do we observe the full expanse of mankind's spiritual potential." Instinctively, I thought of St. Ignatius's wariness of deeming people holy on the basis of their elevations and marks of the extraordinary in prayer. Are people with a mystical endowment more humanly expanded than those struggling, before God but in distracted ways, to be good parents, faithful spouses, decent neighbors?



This is not a small matter or a fine point. People give up on the mystical life, or spirituality, or holiness, because, while admiring others who have a notable aura, they feel that they do not.

St. Ignatius pointed rather to mortification—not bodily penances, of which he was also wary, but the readiness to restrain self-will—as a measuring stick for growth. He called it mortification, a term from which we understandably flinch. What did he mean thereby? To me, struggling through adulthood, he meant a certain readiness, in spite of all that one would rather be doing, to shoulder the minutiae of responsibility. If one, on the other hand, feels compulsive and anxious about responsibility, he meant facing up to one's lack of peace and learning a whole different pattern.

For me the spiritual life not only begins but also goes on as a task, a life project. In most of us there is something resistant to God, hurtful to us, a thorn in the flesh or spirit, some tendency or deficiency that can impede God in drawing us to our full potential. And this, paradoxically, is meant to be a route to our sanctification. What am I talking about? Fears and anxieties, angers and resentments, an instinctive desire to look good and to please others, shyness and reserve, impatience and impulsiveness, an addiction, a compulsion—whatever. These remain as our task, an inseparable factor in our spiritual life, at age 20, 40, 60, or 80. What, can we never change? Of course we can; but these tendencies must still be absorbed into our changed selves. In their regard, Ignatius strongly advised, *agere contra* (“act against”). I understand him to have meant not something violent (“force yourself willy-nilly”) but something energetic (“be on your toes, and use your imagination, for contrary action”). Not sheer grit but alacrity must more and more infuse our approach.

Ignatius expands his term Spiritual Exercises with this qualifier: “by which one can overcome oneself and order one's life without being swayed by a disorderly affection.” Ignatius recognized, as a student of St. Thomas, that attraction for the good determines everything we do—but was conscious, from his own experience, of how often we fool ourselves about what is good. We are given talents and gifts, bosom companions, a life's calling, opportunities. We want to be people of ambition for the Kingdom, warmhearted friends, teachers, leaders. And in the midst of this comes the sort of temptation experienced by Jesus in the desert—to self-indulgence, presumption, self-aggrandize-

ment, or just cruising along on our own without much recourse to God. The struggle for purity of heart occupies us all our lives. The more we succeed in our specific callings (and we pray fondly for success), the more humane we become (and we pray heartily to be so), the more actively we are called to the purification of motive, that battle to the death which faced Thomas à Becket in the play *Murder in the Cathedral* by T. S. Eliot.

I have called spirituality a task, a work. What could sound more Pelagian and heretical? I refer, however, to the active response that is called from us, invited from us, under the continual initiative of God coming to meet us. The spiritual life as a task has to be, absorbingly, a prayer, an openness to God, above all else. For nothing positive can happen in us that God does not impel by the Holy Spirit. How can we possibly wrestle with our devils if the Lord be not with us, be not put on call by us habitually?

“Finding God” was the lifelong object of Ignatius, and never more so than in his famous teaching on obedience. It was also a continuous mystical favor; he confided that he could find God, be rapt by God, at any moment. His life was a work of love. The book of the Exercises closes, after all, with a “Contemplation for Obtaining Love.” That mystical exercise is not only the book's final note but also its sum and substance.

As to Marsha Sinetar, reflecting as she does on the “inner work” that individuals discover they must do, I think our disagreement is not great. She herself emphasizes that “the mystic path involves many ‘mini-deaths’” and that the mystic person has many sacrifices to undergo, from “minor ego-bruising choices” all the way to Gandhi-like exposure of one's life. She explores and is grateful for the “arrived” or, rather, “actualized,” condition of certain “ordinary” people. I like to emphasize the “on-the-way” and “still-unfinished” condition of us all even as we strive now to meet God.



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# SPORT in Human Development

*Patrick M. Kelly, N.S.J., M.T.S.*

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**T**his article attempts to help us understand sport from a Catholic perspective, in terms of its relation to the individual. That is to say, it attempts to answer the question, What is (or what should be) the role of sport in the life of a person, considering his or her supernatural inclinations and tendencies? This type of discussion is especially important today in view of the ever-growing popularity of sport. The great interest in sport is a reflection, one assumes, of the degree to which it is experienced as life-giving by participants, as well as of sport's powerful potential for good. Like anything else that we engage in that is basically good, however, sport can be practiced or viewed in ways that demean the person—the creator of sport and its principal actor—and thus can become bad.

This is why it is particularly important that there be discussion about the role of sport in the context of our overall destiny and within the broadest understanding of our personhood. We must at this time have a larger picture of the person—a set of general principles that we hold to be true about human beings, that we can use as guidelines within which to think about sport and whether it contributes to our betterment or to our detriment. The popes who have talked about sport have taken this approach.

## **POPES ADDRESS FOUR THEMES**

Pope Pius XII (1939–58), Pope John XXIII (1958–63), and our present Pope, John Paul II (1978–) have

commented extensively on sport, using as their theoretical foundation what they believe to be true about the person. After reviewing what these three popes have said about sport in their public addresses, I have identified four principal themes that they all talk about at length: (1) sport is valuable because it attests to and encourages a dignified view of the body; (2) sport is valuable because it can develop virtues; (3) sport is valuable because it unites people and serves as an example of how to live together peacefully; and (4) sport (in order to be valuable in all of the above ways) must be practiced in its proper context relative to other social and spiritual obligations.

This article does not treat particular problems or issues in the sporting world today, many of which are urgent and need attention immediately. Instead, it attempts to provide a framework in which people in the Catholic community—people involved in education or athletics as teachers or coaches, those involved in administrative roles in Catholic schools, or parents concerned about the role sport should play in the lives of their children—can discuss what the place of sport should be in given situations.

## **SPORT SHOULD DEVELOP PERSONS**

The principle the popes start with when they discuss sport is that it can and must serve people by contributing to their development. Pope John Paul II spoke to this issue in a homily he gave at



Rome's Olympic Stadium in 1984, wherein he congratulated the organizers of the Jubilee for Athletes on their great effort to ensure that the "philosophy of sport" always prevails, "the key principle of which is not 'sport for sport's sake' or other motives than the dignity, freedom, and integral development of man." He quoted with approval the Sportsmen's Manifesto, which was written for the Jubilee: "Sport is at the service of man and not man at the service of sport, and therefore the dignity of the human person is the goal and criterion of all sporting activity." Pope Pius XII touched on the same theme almost forty years earlier in an address entitled "The Sporting Ideal." "Sport," he said, "is not an end in itself, but a means. As such, it is and must remain subordinated to its end, which consists in the perfect and balanced formation and education of the whole man."

It is not surprising that according to the popes, when sport is properly practiced it has the capacity to contribute to the balanced formation of the person. Indeed, they have pointed out that this was recognized very early in the Christian tradition—as early as Paul. In his homily at Olympic Stadium Pope John Paul II said that Paul "did not hesitate to include sport among the human values which he used as points of reference for dialogue with people of his time. Thus he recognized the fundamental validity of sport, considering it not just as a term of comparison to illustrate a higher ethical and aesthetic ideal but also in its intrinsic reality as a factor in the formation of man and as a part of his culture and his civilization."

If according to the popes sport is worthwhile only if it contributes to the betterment of humankind, and if according to Paul it can do so, the question remains to be answered: How can sport do this?

## BODY ESSENTIAL TO HUMANNESS

The first part of the popes' answer to this question lies in the church's view of the human body. Indeed, the foundation of the teaching of the popes concerning the value of sport lies in what they see to be the dignity of the body. The church must not concern itself only with "things purely religious" and "exclusively spiritual," according to Pope John XXIII, but must also consider a part of its proper sphere the care of the body and physical culture. This view derives from the church's understanding that the body is an essential part of our humanness, of our being created in the image of God. In his address to Italian and Argentine athletes on May 25, 1985, Pope John Paul II recalled that "already in the first centuries Christian thinkers resolutely opposed certain ideologies then in fashion which were characterized by a clear devaluation of the physical, carried out in the name of a mistaken exaltation of the spirit." Quoting Eman-

uelle Mournier, John Paul II called the person "a body in the same way as he is spirit: entirely body and entirely spirit."

This view of the body as a dignified and even sacred object is the foundation for what the popes say concerning sport: that it is good because it recognizes the value of the body and can contribute to its care and improvement. In an address to the Italian Sporting Association Pope Pius XII made this point clear when he asked and answered his own question: "Now what is the prime purpose and object of sport, understood in a healthy and Christian sense, if not precisely to cultivate the dignity and harmony of the human body, to develop its health, strength, agility and grace?"

The popes have pointed out that according to Catholic theology, the care of the body and the recognition of its dignity should never lead to the cult of the body. The popes have also reminded us that the life of the spirit has primacy over the life of the body. Indeed, Pope Pius XII, in an address entitled "Education and Sport," said that "it is sound to teach man to respect his body, but not to esteem the body more than is right. The most that is demanded is: care of the body, strengthening of the body—yes; but cult of the body, making a god of the body—no." Furthermore, he stated, "the first place in man's composite being does not belong to the body taken from the earth's slime, but to the spirit, to the spiritual soul."

## SPIRITUAL BENEFITS OF SPORT

Another theme found in the popes' addresses on sport concerns the spiritual benefits, in terms of development of virtues, that can come through the care of the body and participation in sport. Indeed, John Paul II sees sport as capable of facilitating the development of nothing less than the cardinal virtues—fortitude, temperance, prudence, and justice. In an address to the International Skiers' Federation he made the observation that skiers, like all sports participants, need to develop physical fortitude, including flexibility and agility, along with strength of will or mind, and that "the technique thus acquired makes possible a strength of soul which transcends physical abilities." Concerning temperance, he pointed out that athletes deny themselves constantly in their diet and in other areas of life that might provide more immediate pleasure than preparation for sporting activities. In this, he said, "we are very close to the cardinal virtue of temperance, a well-understood and persevering asceticism, which always gives priorities to spiritual values." As for the prudence of the sports participant, "it derives from his judgment and calculation, in short, his experience, which incites him to be always well prepared and equipped." Also, he stated, "the cardinal virtue of prudence is even more valuable for Christians. It is prudence



which spurs them to live in such a way as to be able to judge what is the best for God and for their fellow man." According to John Paul II, justice is called forth in the world of sport in the equality and impartiality that sporting contests demand of their participants.

Pope Pius XII made the connection between participation in sport and the development of virtue rather vividly in an address entitled "Sport and Christian Education." He pointed out that sport requires many virtues, including "the spirit of self-renunciation when one has to fade into the background in order that the interests of the team may thereby be furthered, loyalty to pledges undertaken, modesty in victory, serenity in ill fortune, patience towards spectators who are not always moderate, justice if the competitive sport is bound up with financial interests through voluntary agreements, and in general, chastity and temperance already recommended by the ancients themselves." He continued, "All these virtues, although having for their object a physical and external activity, are genuine Christian virtues which cannot be acquired and exercised in an outstanding degree without a deep religious spirit."

Finally, Pope John Paul II spoke, in his homily at Olympic Stadium, about the social dimensions of sport, which belong to the moral order and therefore demand virtue: "To be a good sportsman, one must have honesty with oneself and with others, loyalty, moral strength (over and above physical strength), perseverance, a spirit of collaboration and sociability, generosity, broadness of outlook and attitude, and ability to live in harmony with others and to share: all these requirements belong to the moral order."

Thus the popes have emphasized the parallel between the earthly contests in which we engage and the virtues required to attain the sought-after ends on the one hand, and the contest of eternal significance and the virtues required to attain the ends sought after in that realm on the other hand. This parallel allows them to see sport as a training ground for Christian virtue. There are, however, at least three points at which the parallel breaks down, and these have been noted by the popes.

First, it does not follow from what the popes have said that a person who is successful in sport is necessarily more virtuous than, or morally superior to, one who is not. The opportunity to approach sport in a way that prepares one for the spiritual life is available to all and is encouraged by the popes, but the degree to which one engages in this is not reflected on a scoreboard.

Second, sport is not a requirement for a full and fruitful life, like the Christian virtues. Sport is allowed in a moral sense but is not looked on as a moral duty. Jesus does not demand that we all participate in athletics, but he does demand that we all attempt to live a life of virtue.

Third, in competitive sport only one team or person can win, whereas in the eternal contest everyone can win. One person's entrance into heaven doesn't preclude another's the way one basketball player's entrance onto the starting five precludes his or her teammate's.

## SPORT PROMOTES UNITY

The popes have observed that in addition to recognizing the dignity of the body and developing virtue, sport is also important because it can promote unity among peoples. Although this theme can be found elsewhere, the speeches that have addressed this topic most directly are the ones John Paul II gave at the Olympic games in Rome in 1984. In those speeches he talked about the value of the Olympic games in bringing mutual understanding between nations: "How could I pass over in silence the beneficial influence that the intensification of sporting contacts with other nations can have to strengthen and develop further mutual understanding and the sense of union among peoples? It is for this reason that I look with satisfaction at the succession of peaceful competitions, such as the Olympic ones."

The popes also seem to recognize, however, that it is possible that people might not use sport in this way. They sometimes exhort us to use sport only for this end. One example of this is found in a homily in Olympic Stadium in Rome, in which John Paul II said, "Yes dear athletes, may this truly extraordinary meeting revive within you the awareness of the need to commit yourselves so that sport contributes to making mutual love, sincere fraternity and authentic solidarity penetrate society. For sport can make a valid and fruitful contribution to the peaceful coexistence of all peoples, above and beyond every discrimination of race, language and nations." He encouraged his listeners to "live as people who stay friends and brothers and sisters even when you compete for the crown of an earthly victory! Shake hands, join your hearts in the solidarity of love and limitless cooperation. Recognize in yourselves, in each other, the sign of the Fatherhood of God and of fraternity in Christ."

Because it is the nature of sport to bring people together in more than just a physical way, Pope John Paul II sees it as a potentially powerful symbol and an example to the larger society about how people can attain peaceful and cooperative living. He said in the same sermon to the athletes in Olympic Stadium that they should let their meetings "be a symbolic sign for the whole of society and a prelude to that new age in which nation 'shall not lift up sword against nation' (Isa. 2:4). Society looks to you with confidence and is grateful to you for your witness to the ideals of peaceful civil and social living together for the building up



of a new civilization founded on love, solidarity and peace."

It is necessary at all levels of sport for a spirit of cooperation to precede competition if there is to be any competing at all. Teams, schools, and individuals must agree on many things apart from the rules they will both follow in order to even begin a game, which has led some philosophers of sport to refer to competitive sports as "antagonistic cooperation" rather than competition. This insight makes it easier to understand what the popes might be referring to when they talk about "limitless cooperation" in the context of competitive sports.

## PROPER CONTEXT OF SPORT

In addition to the themes already discussed, another is often found in the addresses of the popes: that sport must be viewed and practiced only in its proper context. The general messages of the popes' other themes have related to the ways in which sport can be good. But the popes have also addressed how sport, like anything good in itself, can be used in the wrong way, bringing about bad consequences. This happens primarily, according to the popes, when sport is given too high a priority over social obligations, which are more important, or when sport is given too much importance in relation to spiritual obligations, which should have priority.

It is important to note that the reason the popes have talked about sport at all is because of its rise in popularity in this century. Pope Pius XII, in a speech at the Italian Sports Centre, said that "with the beginning of the present century sport assumed such proportions . . . that it constitutes one of the typical features of modern society," and that this "increased importance gave rise, in its turn, to new repercussions and problems in the field of education, of religious practice, of morality, and even in the social order, so that it could not be overlooked by the church."

As we have said, some of the repercussions and problems of sport, according to the popes, are related to the degree of importance sport is given in relation to other social and spiritual obligations. Something touched on often by the popes is the importance sport is given in the lives of young people in relation to other obligations that are more important. For example, Pope John XXIII lamented, in an address to the Italian Sporting Association, the way some young people today give sport priority over their studies and family life: "With a lamentable reversal of the natural scale of values, some young people passionately dedicate their whole interest and activity to sports meetings and events, training for matches, with their ideal in life being a championship . . . while they give only half-hearted attention to the demanding needs of

their study and profession! The home becomes for them only a hotel, where like strangers they occasionally put up when passing."

Sport should not have a place of greater importance than study or family life for young people; rather, it should serve to enrich each of these. Indeed, Pope John XXIII praised the young people present by saying, "Thank God you are different, dear children! For after a fine game you return to your work with a renewed strength and vigor, and in the home you raise the spirits of the whole family with your enthusiastic description of your experiences."

Pope Pius XII addressed the same theme in his talk concerning the sporting ideal. "For the Christian athlete," he said, "and for you too, beloved sons, sport must not be the supreme ideal, the ultimate goal, but must serve and tend toward that goal. If a sporting activity is for you a recreation and a stimulus which aids you in better fulfilling your duties of work and study, then it can be said that it is being used in its true sense, and is attaining its true end."

Sport participants of any age were the intended audience of Pope John Paul's address at Olympic Stadium when he warned that contests for an earthly crown should not supersede the contest for a heavenly crown. In doing so he moved from a discussion of the relationship of sport to social obligations to a discussion of the relationship of sport to spiritual obligations. "Sport is competitiveness," he said, "a contest for winning a crown, a cup, a title, a first place. But from the Christian faith we know that the 'imperishable crown,' the 'eternal life' which is received from God as a gift but which is also the goal of a daily victory in the practice of virtue is much more valuable."

Pope Pius XII touched on the same theme in his address concerning sport and education when he suggested that the training and mastery exercised by the soul over the body and the joy derived from this should be neither the only nor the principal elements of human activity. Rather, he stated, "they are aids and accessories to be appreciated, . . . but they are not indispensable values of life, nor absolute moral necessities. To make gymnastics, sport, rhythm, with all their associations, the highest aim of life, would in truth be too trifling for man, whose primary greatness consists in far higher aspirations, tendencies and talents."



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# To Be a Whole Human Being

*Spiritual Growth Beyond Psychotherapy*

Reverend Daniel A. Hultman, Ph.D.

**D**enice was a 29-year-old woman, intelligent, educated, and talented, from a stable and loving family. She had just broken up with a male companion with whom she had lived since college. She was quite confused. It had been her first serious relationship. It was supposed to have been the lifelong one.

It started out well. He was very supportive of her writing career. She encouraged him in his plan to open a small business. They enjoyed each other's company. They were good for each other.

But as the years passed, she felt cramped. She and her companion had not slept together for two and a half years. He was subtly making demands on her: A writer may find satisfaction in her work, but the money is not good. Wouldn't she do just as well to stay at home and start a family? She herself heard the social and biological clock ticking and wondered what kind of a writer's future she could have. Did she really want a family and a home? To have them, must she abandon other dreams?

Denice entered counseling with two objectives: to resolve her feelings about that relationship and to clarify some career goals. Therapy progressed predictably enough. She had to address the emotional turmoil of the broken relationship before she could face the questions about her career. And, of course, hidden underlying issues surfaced.

She had learned to get by in life by giving in to others. After all, she was the girl in the family. She

was pretty well aware of her feelings, but she seldom expressed them outright. She didn't want to hurt other people. So she lived with frustration and anger, sometimes feeling lonely, wondering if people would like her if she expressed what she really thought and felt.

In due time she came to believe that people could like her as she really is. In fact, she discovered, they preferred her more assertive self. She was no longer in turmoil over her feelings. It was clear to her that she had allowed her family and her boyfriend to dominate her life for years. The emotional mechanisms of control now seemed obvious. She had learned a lot about herself. Her parents were not perfect, but they had lovingly done the best they could.

So Denice was basically a healthy person from the start. Now, trusting herself more, she easily began to discover within herself indications of who she was and what she wanted. She began to be more confident, to trust her own judgment, to risk some hard decisions, to settle some career plans. The issues that had brought her to counseling were more or less resolved.

Then the issues of counseling began to get more subtle. The big questions of life became more persistent: What is it all about? Where is my life going? How can I be honest about myself and still live in the real world? What really matters? How much am I willing to pay in exchange for it?



There was a shift of focus in Denice's therapy. Healing was no longer the issue. Now she was turning to issues of personal growth and fulfillment. The process had gradually shifted from psychotherapy to spiritual development.

## DEFINING SPIRITUAL GROWTH

What does it mean to shift from psychotherapy to spiritual development? Much of the answer depends on how one defines these terms. *Psychotherapy* has to do with healing emotional, personal, mental problems; there is not much debate on that. But the definition of *spiritual development* is another matter. Most people in the United States, 90 percent believers in God, think that spiritual things have to do with God and religion. So *spiritual* must encompass such things as prayer, Bible reading, religious retreats, ascetic practices, and moving experiences of God. And *spiritual development* must be the concern of people who are "into" religion in one form or another.

But there can be another understanding of the matter. If spirit is part and parcel of being a human being, spiritual growth merely entails integrating this dimension of humanity. God may well not be a focus of one's concern, yet one may be fully involved in spiritual development. The key to the matter is an appreciation of the inherently spiritual nature of the human being.

The individual is a complex reality. Religion traditionally speaks of the human being as "body and soul." The human sciences prefer a parallel formula, "body and mind." Both formulas are influenced more by Plato and Descartes than by the Judeo-Christian tradition. Although the conception is accurate enough, it is incomplete.

Beyond the body—the biological organism—the human mind, or soul, is itself complex. We have emotions, images, and memories, and these are certainly mental. But they are different from self-awareness, insights, judgments, and choices, which are also part of mental experience. An image may be helpful in achieving an insight, but an image is not an insight. Likewise, some emotion will inevitably accompany a decision, but an emotion is not a decision. Call the former psychic and the latter spiritual, and a tripartite model of the human being results: organism, psyche, and spirit.

There is no suggestion that psyche and spirit operate apart from one another, just as there is no expectation that one's mind functions apart from the brain of the biological organism. Yet this more refined understanding of the human mind provides a clear focus for psychotherapy and another focus for spirituality. Moreover, this understanding allows that spirituality need not include reference to God, though spirituality does open onto consideration of God. Such an understanding seems to capture the essential meaning of spirituality. It

bespeaks a universal human phenomenon. And the spiritualities built into various religions seem to be applications and elaborations of this essence.

## SPIRIT, PSYCHE, AND ORGANISM

Intrinsic to the human being is the need for meaning and values. In much more vivid terms, Eric Fromm speaks of "orientation and devotion." We need to have some sense of what life is about, a map to help get us through; and we need some gripping motivation for living, some cause to inspire us. Said still otherwise, we need to have beliefs and commitments.

More than that, we need to believe that what we believe is correct and that what we value is worthwhile. Not just any meanings and values will do. We need to be right or to believe we are, or we cannot live with ourselves. Conscience is the old word that fits here. Personal integrity, genuineness, inner harmony, and authenticity are the more acceptable current terms. The human reality remains the same.

In contrast to other animals, we humans need meanings and values to define our lives. These are the distinctive products of human consciousness or spirit. These are spiritual; they are not spatial or temporal. We may not get an idea except by considering something in the here and now, but once we conceive it, we are no longer tethered to the here and now. Besides, we are fully capable of conceiving something that really exists nowhere in space and time, such as the unicorn. In addition, if we achieve a correct idea of something spatial and temporal—for example,  $C = 2\pi r$  (the circumference of a circle equals two times pi times the radius)—we know something that applies everywhere and always, given Euclidean geometry. Spiritual acts carry us beyond space and time. While other animals live in habitats, constrained by the physical, we live in a world constituted by meaning and motivated by value. Precisely these spiritual components determine our living space as human beings.

The further critical qualification deals with authenticity. When the meanings that structure our world are true, when the values that motivate us are truly worthwhile or good, and above all when we are committed to be satisfied only with what is true and good, our lives are set on a foundation that guarantees a future. In wholesome interrelationship with other human beings, we are set on a track of open-ended unfolding. Our ultimate goal is the universe—not a conglomerate of mere physical things standing somewhere out there, but a coherent unity, the realm of being, the summation of all that is. We are knowingly and deliberately responding positively to the inherent demand of our nature, which is open to all that is. We are living authentically. We are enhancing, fulfilling,



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## Even highly integrated, self-actualizing people sometimes need to attend to distorted feeling patterns and past psychic wounds

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integrating our own spiritual nature. Accordingly, we are growing spiritually.

But the human need for authenticity, the fundamental requirement of our spiritual nature, is grounded in more visceral stuff. The determination of our orientation and devotion depends on the undergirding structures of the psyche. We have feelings, we live with mental imagery, we depend on memories. Our way of responding in any situation is programmed by inherited temperament, past experience, and past decisions: we have personalities. So we are not only spirit but also psyche. And the structures of psyche—emotion, imagery, memories, personality—constrain our spiritual functioning, for better or worse.

More than that, we are physiological organisms. We get hungry, we need sleep, we eliminate wastes, we use clothing, we must exercise, we seek shelter, we need to be touched, we want to have sex. And these needs can dominate all the others.

Biological survival comes first. Only later come concerns for feelings and inner comfort. And only still later does the meaning of life become the urgent matter. Abraham Maslow's hierarchy of needs—physiological, safety, belongingness, esteem, and self-actualization—presents a similar picture. "Being-motivation" for growth, or self-actualization, can take over only after "deprivation-motivation" has more or less achieved its ends.

The shift from Maslow's D-motivation to his B-motivation parallels the shift in Denice's counseling process. That shift is one from psychotherapy to spiritual growth. Concern about meaning and values is spiritual concern. Commitment to authenticity is commitment to spiritual growth.

Of course, the shift from psychotherapy to spiritual growth is not an either-or affair. Concern for

meaning and values is at stake in all psychotherapy from the beginning. Psychological health is itself a value. Even highly integrated, self-actualizing people sometimes need to go back to attend to distorted feeling patterns and past psychic wounds. Indeed, the deeper one goes in becoming oneself, the more critical even subtle flaws become. But emphases change. The shift from healing to growth is real—a shift from a focus on the exigencies of psyche to a focus on those of spirit.

### SPIRIT MOTIVATES DEVELOPMENT

Why call counseling for personal growth or self-actualization spiritual? According to Bernard Lonergan's analysis of human consciousness, inherent in the human being is a principle of authentic self-transcendence. This principle is human spirit. It provides the motivation for continued and open-ended human development.

We wonder, we question, we marvel, we understand, we debate, we make judgments, we appreciate, we love. This is spontaneous behavior. And it takes us beyond ourselves: we are aware of something foreign to us and we want to move out and somehow have it. We want somehow to understand, to comprehend, to appreciate it—indeed, to become it. We are led to a further reality. We transcend ourselves. Such activity is the spontaneous functioning of dynamic human consciousness or spirit.

But these urgings set their own criteria of satisfaction. We know when our question has been answered or when it has been sidestepped. We are satisfied only when things make sense. We feel at ease only if our heart is respected. So these urgings have a built-in homing device: we need to be open, we need to be insightful, we need to be honest, we need to be loving, and we know when we and others are not. Our own selves demand authenticity.

This intrinsic principle of authentic self-transcendence is what makes us human. It is what makes us self-aware and self-determining. It expresses itself in all conscious acts: in attentive openness, in intelligent insight, in reasonable judgment, in responsible choice and decision. Its desire, its curiosity, is unlimited. We would be open to the universe, we would understand everything about everything, we would know all reality, we would love without measure—and that would fulfill us. We do not, of course, achieve all that. But we would like to. As self-determining beings, paradoxically, we can short-circuit our own spontaneous functioning. But when allowed, the self-transcending component of our being leads us to ever further fulfillment as it insists that we affirm only what is correct, love only as is right, avoid the dead ends of dishonesty and hatred, and build ourselves and our world on what will last. At stake is the spiritual quest.



People attuned to the subtleties of self find spiritual experiences everywhere: watching children at play, listening to music, gazing at the ocean, walking in a forest, attending to work, relaxing at home, making love. Some people have extraordinary experiences, the kind called religious or mystical. But whether these are spiritual or merely pathological always needs to be asked. And though some experiences of spirit are indeed overwhelming, the presupposition here is that the spiritual and its functioning in us is nothing extraordinary. It is an essential and everyday aspect of humanity.

## THE SPIRITUAL AND THE DIVINE

Neither does the spiritual have to be understood in terms of God. On this point variations in religious traditions complicate the matter. The Judeo-Christian tradition clearly holds that the spiritual is not the divine. Humans are created in the image and likeness of God. In the imagery of Genesis 1:26, they are like God because they can insightfully and deliberately tend the created universe. In a more theoretical account, they are like God because, in a word, they are spiritual. But as created, they are not God. Creature cannot be Creator, so human spirit cannot be divine. Islam concurs in this assessment. And Buddhism, Confucianism, and Taoism, all nontheist religions, do not even implicate God in their profound treatments of the spiritual.

Christianity does hold that the divine Holy Spirit is poured into human hearts (Rom. 5:5) and so does speak of God within us. Thus Christianity ultimately allows some kind of human union with divinity—divinization—analogous to that in the risen Christ, without violating the distinction between the human and the divine. For the uncreated Holy Spirit is not the created human spirit.

In contrast, Hinduism, Gnosticism, Neoplatonism, and New Age religion blur the distinction between the spiritual and the divine. These traditions make it difficult, if not impossible, to treat the spiritual apart from theist religion. In this case, it is debatable what psychotherapy outside a clear religious context could ever have to do with spirituality.

In contrast, according to this analysis, the spiritual is not the divine. So one need not be a believer in God to pursue the spiritual path. Indeed, if one is a human being, one must be on that path, moving either toward heavenly self-expansion or toward hellish self-confinement.

Yet the spiritual clearly points to God, if one wants to make the connection. If human spirit is a dynamic principle open to all that there is to be known and loved, human spirit is open to God. If human spirit is inherently geared to all that is true and good and if God is the Fullness of Truth and Goodness, then our human spiritual inclination actually tends toward God; the happy unfolding of human spirit leads Godward. As Augustine said,

“Lord, Thou has made us for Thyself, and our hearts are restless until they rest in Thee.”

## COUNSELING AND RELIGION

When the connection between spirituality and God is made, the therapist can draw on the richness of a client's religious tradition to facilitate human growth. The link between God, or religion, and counseling can occur in a number of ways.

God is Creator, the Ultimate Source and Goal of the Universe. So people may turn directly to God and love God with their whole heart and soul. Still, often couched in God talk is wisdom about what is really only human authenticity. Thus, God talk serves human spiritual growth—and not necessarily or specifically the love of God itself.

We must be wary of that state of affairs. The concern is not that the humanly authentic could be at variance with God's will for us. For what is humanly true and good is what God desires. The concern is that religion often presents merely human issues in the guise of theism. Then the supreme authority of God seems too easily to confirm what is only halting human understanding. Morality and social order are saved, and that is to the good. But the specters of fanaticism, dogmatism, and totalitarian religious control begin to haunt the scene. Then human freedom and growth may be curtailed.

Just as sadly, on the other hand, the treatment of God as a distinct Reality also tends to get lost. Reverence for God as Mystery, *fascinans et tremendum*, tends to go by the board. Discussion neglects the issues distinctive to real talk of God: creation, providence, trust, open-ended surrender—and, in a Christian context, human divinization. Though the discussion is called theological, it is not talk of God or Trinity at all. Rather, “God” becomes a way of naming the presumably ideal goal of human living, and “God's will” becomes a way of indicating what is humanly presumed right, true, and good.

So, for example, the gospel statement about the impossibility of serving both God and mammon contains a lesson, not necessarily about God but about making wise choices in life. The teaching about taking up one's cross to follow Jesus is not so much about believing in Jesus as about accepting the human cost of authenticity. Of course, within a theist tradition, such use of God talk is legitimate. And it is extremely useful. God talk can serve as a symbolic shorthand language to convey difficult and subtle wisdom about human authenticity and growth. But believers should be cautious when they presume to speak of God. If they really understood the matter, they could quite adequately treat the bulk of human affairs apart from any appeal to God. When they use God talk nonetheless, they run the risk of confounding crucial issues, to the detriment of believers and nonbelievers alike.

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## Spiritual direction requires a quiet, reverent, focused listening that both elicits and welcomes the subtle movements of the human spirit

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One may indeed—but carefully!—treat spiritual matters in terms of belief in God, and this often happens in spiritual counseling. But this is not what is called pastoral counseling, which may be another matter altogether. Pastoral counseling is simply psychotherapy done explicitly within a religious tradition. Accordingly, pastoral counseling draws freely upon religious faith and its teachings and symbols and rituals. But the goal remains emotional healing and not strictly spiritual growth. So, for example, the therapist may use the story about the reluctant prophet Jeremiah to motivate a believer to trust in “God’s help” and to be more assertive in expressing his or her feelings. But the intent is emotional integration and not yet explicit enhancement of authenticity. Indeed, any good therapist will meet the client on almost any ground and use almost any motivation that will effect a healing intervention. Thus, the pastoral counselor will feel free to use religion to advance psychotherapy. But here the use of religion and the talk of God remain geared toward psychological healing. The focus is still the restructuring of psyche, not the unfolding of spirit.

So theist religion may serve psychotherapy as well as spiritual growth. Then the interventions phrased in God talk may sound the same. But psychotherapy and spiritual growth—which pastoral counseling and spiritual counseling, respectively, intend—are not the same thing. In contrast, on the other hand, a guilt-filled, closed, authoritarian or fundamentalist religion, suspicious of all spontaneous inner movement, may actually suppress spiritual urges and impede spiritual growth, or even prevent emotional healing altogether. So merely invoking religious symbolism does not nec-

essarily mean that one is doing spiritual counseling rather than psychotherapy or that one is doing anything therapeutic at all. Three different realities are in question: psychological health, spiritual growth, and theist religion. These three need to be kept distinct.

### REQUISITES OF SPIRITUAL DIRECTION

*Spiritual direction* is the widely used Roman Catholic term for counseling about strictly spiritual matters. Spiritual direction is beyond psychotherapy because spiritual growth becomes one’s focus only after a basic level of psychological health is achieved.

Thus, the spiritual director must be more than a psychotherapist. Besides being psychologically integrated, the spiritual director must also have moved into deliberate pursuit of spiritual growth and must have experienced and accepted the implications of commitment to authenticity. Mere understanding of psychodynamics or mere knowledge of the spiritual masters, or even both of these plus skill as a therapist, do not suffice. Here as elsewhere in life, *nemo dat quod non habet*: one cannot give what one does not have. So truly qualified spiritual directors are rare.

Moreover, spiritual direction has its own process. Psychoanalytic, behavioral, cognitive, rational-emotive, insight, and other psychotherapeutic techniques are effective for understanding and changing behavior and affective response. They are techniques for restructuring psyche. But attention to the spiritual calls for something else—not restructuring but simple nurturing. For psyche is formed and deformed through life’s experiences. Abuse, painful losses, betrayal, other traumas, or ill will can emotionally cripple a person. But spirit remains ever pristine and pure in its structure and functioning. Dynamic spirit ever continues to urge openness, questioning, honesty, and love; this is its nature. Spiritual capacities may be misused, but they continue to function as they are wont. Both the corporate thief and the philanthropist, if they be successful at their respective tasks, require and develop alert openness, insightful intelligence, seasoned judgment, and appropriate commitments. In the case of the thief, it is not spirit but its abuse and its psychic infrastructures that need to be corrected.

So spiritual direction requires a kind of quiet, reverent, but focused listening that both elicits and welcomes the subtle movements of the human spirit. Spiritual direction requires fostering commitment to authenticity, to a welcoming response to dynamic spirit’s precepts: be attentive, be intelligent, be reasonable, be responsible. Compared with the psychotherapist skilled in unearthing and restructuring psyche, the spiritual director has no privileged authority—except, it is hoped, that con-



ferred by the authority that comes with deeper personal, and broader professional, experience. For on the one hand, spirit ever continues to advance on its own. And on the other hand, directees need to decide for themselves what they will make of themselves. If they are really following the path of authentic self-determination, they move in completely uncharted territory; history has never seen them before. Carl Rogers's nondirective, client-centered therapy is a close parallel to what is required. Eugene Gendlin's focusing is another relevant approach.

## GROWTH TOWARD WHOLENESS

Psychotherapy attempts to heal. It restructures inherent tendencies and learned patterns of response so they may better serve human fulfillment. Done in a religious context, psychotherapy is called pastoral counseling, but the religious context does not change its healing focus. Throughout, the focus of psychotherapy is on the human psyche. But the relentless human push toward ultimate fulfillment depends on spirit and its inherent criteria. It is a dynamic principle, intrinsic to the human. Open to and craving the universe, it urges us toward marvel, alertness, sensitivity, honesty, love. Experience of this wondrous dimension of the human may be so powerful that some would call it divine. But created, it is merely human, though it points to the Mysterious Fullness that believers call God. Habitual attention to its subtle call presupposes that organism and psyche are already more or less healthy. So the open-ended challenge of spiritual growth begins as psychotherapy trails off. Spiritual growth may proceed in a theist or Christian context, but it may well also proceed in a "merely" authentic humanist context.

Denice offers an example. She is now walking the ascending spiritual path—not by participation in religious services or scripture study or prayer practices but by making career decisions, adjusting her

life-style, deepening her relationships, acting on her social and civic concerns, becoming ever more authentic. By standard religious definitions, none of this seems particularly spiritual, yet the religions always insist that religion is a daily affair. Not surprisingly, Denice thinks she may even be beginning to understand religion. She sets aside quiet time in her day and wonders if this is prayer. She trusts her deepest feelings, or intuitions, and then says something about "being called." She feels an overall warm security and recalls something her grandmother once commented about God.

Denice's psychotherapy moved into spiritual direction. Thank God she was willing to continue therapy even after her emotional problems were pretty well resolved. Now she says she knows "what it means to be a whole human being." That is what spiritual growth is about.

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# Organizational Strategy Revisited

*David Coghlan, S.J.*

**S**everal years ago, in my article "Corporate Planning in Religious Orders" (HUMAN DEVELOPMENT, Summer 1987), I provided a definition of strategy in the context of the religious order and outlined the elements necessary in forming strategy. That article led to many invitations to give talks and seminars, and to consultations with major superiors and councils. My thinking on the subject has developed further in the light of those experiences and through further reading and reflection; here I attempt to clarify some issues I see as significant.

In the 1987 article I provided the following definition:

Strategy for the religious order is the pattern of decisions in the order that determines and reveals its charism, purposes or goals; produces the principal policies and plans for achieving those goals; and defines the kind of community it is or intends to be, and the nature of its apostolic activities in relation to different constituencies.

Strategy for a school, a hospital, or any apostolic ministry is defined in similar terms. What is essential with regard to strategy is that it is fundamentally a qualitative mode of thinking. Strategy is most easily contrasted with the notion of operational activity, or activity that maintains the running of the operation. Superiors are often in need of help in making the distinction between strategic

and operational. An apostolate may be run very well and maintained in good order (operational planning and management) yet may lack a broad vision of its future development in terms of its vision and the changing world (strategic planning and management). It would be a mistake to equate strategic planning with long-term planning. An apostolate may have a long-term plan regarding a new building without ever thinking of it in strategic terms. The creation of a province plan may be viewed operationally (We need a plan to map out the tasks to be done over the next few years) or strategically (How do we move into the future in a way that enables us to minister from our charism in the light of changing times, new demands, and reduced personnel?).

Henry Mintzberg, a leading writer on strategy, explores the concept in terms of "five Ps": plan, ploy, pattern, position, and perspective. Strategy as plan refers to consciously intended courses of action, whether general or specific, that are taken in advance of actions to which they apply. Strategy as ploy is part of strategy as plan and refers to a manner in which an organization may hope to gain an advantage in a situation in order to achieve its ends. Strategy as pattern is about consistency of behavior, in that strategy may be inferred from what is decided and what happens (in this way, having no strategy may indeed be a strategy). Strategy as position refers to where an organiza-



tion locates itself in its external environment and what its values are. Strategy as perspective focuses on the importance of a worldview and represents a shared, collective way of perceiving the world.

Each of the five Ps applies to strategy as it is practiced by religious orders. Many orders have produced a plan and have included ploys in it (e.g., to get government funding). How an order manages change and prepares for the future reveals its strategic pattern, whether intentionally or not. Many orders use strategy as position as they attempt to implement an option for the poor. Strategy is a perspective on the world in that it represents the view that change is constant and that an apostolic order is continually exploring how its charism and mission might be fulfilled in a changing world.

Mintzberg studied the strategy literature, extrapolated the different assumptions about and approaches to strategy formation, and grouped them into ten schools of thought, outlining each school's strengths and weaknesses (this work formed the basis of his chapter in James W. Fredrickson's book *Perspectives on Strategic Management*). While all ten schools may well be applied to how strategy is formed in religious orders, I focus here on three that are particularly relevant and applicable.

## DESIGN SCHOOL

One school of thought is what Mintzberg calls the design school. Its premise is that strategy formation should be a controlled process of thought and formal training. Responsibility for that control and consciousness lies in the hands of the chief executive officer (CEO) as the strategist. The strategy formation model must be kept simple and informal; elaboration must be avoided. It must be explicated and formulated as fully as possible so it can be implemented. This approach tends to promote the notion of a grand strategy. Mintzberg critiques the design-school approach for its limited applicability. The model and underlying assumptions could be inappropriate or dysfunctional in some situations, especially when the organization must engage in a learning process to develop strategies. Understanding one's organization's culture, strengths, and weaknesses is a learning process and therefore may not be helped by a grand-design approach. The emphasis on formulation and implementation may impede learning, as the explication of the plan may promote inflexibility. The more clearly a direction is articulated, the harder it is to change it.

For religious, the four elements in the strategic planning framework are core mission, environmental scanning, internal review, and strategic posture. The core mission (charism) is found in the order's constitutions and its reflection on the life of the founder and the order's early history as articu-

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lated for the contemporary world. The charism provides the fundamental identity of the order. Environmental scanning is the process of reading the signs of the times and interpreting them in the light of the gospel. It is the process of social analysis and theological reflection, and it is integrally linked to charism. The results of the environmental scanning are examined in the context of the order's mission and integrated into the arenas in which the order already ministers and wishes to minister. It provides the framework for clarifying the complexity of the outside world with which the religious apostolate is confronted, and it provides the unifying framework for the planning process. The internal review maps the resources of the order in qualitative and quantitative terms. The qualitative terms review the quality of apostolic activities, while the quantitative terms review actual and potential resources (e.g., personnel, skills, property, finances). The internal review is an integral complement to the order's charism and to the results of environmental scanning. These three elements are integrated to form the basis of the strategic posture, which comprises the primary issues to be addressed in a concrete time period—typically, the next three to five years. This is the actual strategic planning stage in which goals are set. The goals are the result of all the preceding analysis and should be expressed in such a way as to convey a sense of the critical tasks that must be dealt with over the given time frame. The process of moving from charism to strategic posture through environmental scanning and internal review is a process that requires appropriate uses of rational analysis, judgment, and prayerful discernment. The four steps are integrally linked. A sense

of charism, necessary to ground any planning, needs an outward-looking thrust based on experience of the contemporary world. Planning needs to be realistic in terms of the actual resources of the order.

Some religious orders have followed this approach and worked at producing a comprehensive plan that typically contains a chapter on identity and mission; a chapter that identifies key issues for ministry in the contemporary world; and a chapter on challenges to be faced by sections of the order, statistics on age and numbers, and concrete action plans regarding apostolates to be undertaken. The major superior plays the leading role in the formulation and production of the plan. Then the plan is published in a widely distributed booklet. This approach is useful and valuable once certain process issues are taken into consideration. One key issue is how the plan is created and formulated. As Mintzberg points out in his critique of this approach, if the members of the order are not ready for such a plan, then the emphasis must go into facilitating the kind of learning that will enable the members to move into the future in faith and consolation. Second, the perennial danger is that the production of the plan may become more important than what it is about. A focus on producing the plan may create rigidity and inflexibility and may lead to what Chris Argyris calls defensive routines. Third, the plan may be published too soon. The publication of the plan should be delayed until it is both well understood and accepted and its implementation is already well under way. A plan published too soon may fail to generate the intended inspiration. Instead of being a unifying force, it may in fact be divisive and cause alienation.

## LEARNING SCHOOL

The second school is what Mintzberg calls the learning school. In this approach the emphasis is on the learning process of the collective system and on enabling learning to take place. Strategy is emergent; it comes out of the patterns of the past and becomes broad perspectives for the future rather than deliberate plans. In this approach there is no grand plan; decisions are made in an orderly manner on the basis of what is happening and what has happened. Strategy emerges from the hundreds of decisions made every day. Decision making may appear to be piecemeal or disjointed. James B. Quinn describes it as "logical incrementalism"—there is a logic to the incremental decisions that are made. Mintzberg critiques this approach by pointing out that it can be disjointed, time-consuming, and expensive in that resources may be invested in false starts or projects that don't pan out. When the organization is in crisis it may not have the time to learn in a decentralized, incremental way. Ultimately, the key is learning what works.

This approach is perhaps the most common in religious orders. Over the past twenty years many chapters and meetings have followed different processes with facilitators and consultants. There have been workshops on community discernment, team building, leadership, and so on. There have been community and apostolic discernments. Over this period the members of orders have developed skills at facilitating groups, at spiritual direction, at discerning, and at spiritual leadership. Decisions are made from time to time to opt for one ministry over another, to withdraw from a ministry, or to open a new one. These decisions do not happen in terms of a grand plan but emerge as the right thing to do at a specific time. This approach is probably congruent with the culture of orders that have a participative system of government and decision making.

## CULTURAL SCHOOL

The third school I have selected from Mintzberg's typology is what he calls the cultural school. This approach is fundamentally a process of collective behavior based on beliefs shared by the organization's members. This shared belief system is coordinated and controlled by norms that are consistent with the shared beliefs. In other words, the beliefs are lived and are evident from patterns of decisions and actions. In Mintzberg's view this approach does not encourage strategic change; rather, it perpetuates existing strategy and consistency, emphasizing tradition and consensus. This approach views change as complex and difficult and discourages strategic revolution. Bureaucracies whose stagnant cultures reinforce set procedures tend to adhere to this school of thought.

This approach to strategy is very applicable to religious life, which is based on strong ideology and culture. I think there are two perspectives on this approach. First, if the norms encourage the status quo and reinforce an unwillingness or inability to look at change, then stagnation does occur, ultimately followed by death. It becomes very difficult for a new provincial superior to alter the culture and initiate change. The second perspective is that this approach to strategy is probably more aspired to than actually lived. It could best be summed up by the phrase "discernment as a way of life." A culture in which the norm is for the communities and apostolates to live a life of discernment, open to the voice of the Spirit in their experience, is espoused by many if not all apostolic religious.

The point I am making is that there are many approaches to strategy, and each has its own strengths and weaknesses. Some approaches are formal and analytical. They believe in integrated decision making, relying on analysis, formal planning, and management control. Others are less formal and rely on political bargaining and consis-



tency of behavior, whether intended or unintended. Others place more emphasis on what emerges from past decisions, as distinct from a deliberate attempt to shape the future. Each approach has its strengths and weaknesses. Ultimately, what any leadership needs to do is to assess what the most appropriate approach is for a particular order or province at a given time. In a province of one religious order successive provincials operated different models, mostly out of personal preference. One provincial pushed a good deal of change; her successor played a more low-key role and worked effectively in an incrementalist manner. This diffused a lot of the anger toward her predecessor and moved the change process forward. Her successor in turn created a high profile around planning and systematically set up a province plan. That provincial's successor worked in an incrementalist way and put a good deal of energy into encouraging discernment in communities and teams. The province's experience of that sequence of strategic styles does not appear to have been as disjointed as one might expect. The significant issue in understanding that province's experience is what the province learned over that time—that the members of the province had grown in relation to the change process and were able to adapt to the styles of different provincials over a twenty-five-year period.

## DEFENSIVE ROUTINES AND STRATEGY

Argyris has devoted a good deal of his writings over the past fifteen years to examining the basic assumptions under which organizations operate and how some of those assumptions actually and unintentionally create patterns of defensive thinking and behavior. Actions intended to increase understanding and trust often produce misunderstanding and mistrust. In Argyris's view, this is because individuals continually make inferences about others' motivations, don't test those inferences to see if they are accurate, and act on them as if they are true. Not only are these inferences undiscussable, but having them is undiscussable also. I can withhold information from you on the assumption that if you find out you will be upset. I don't test that to see if it is true, and I begin to take responsibility for your feelings. It is highly likely that you sense I am withholding something and make inferences about that. You hide that you are on to me. My action then has an effect opposite to what I intended and sets up a defensive routine in which both you and I are equally implicated.

In applying the concept of defensive routines to the processes of strategic planning, Argyris poses the following seven questions:

1. Are there any problems with the planning process that you believe are critical but are not likely to be dealt with effectively?

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## There are many approaches to organizational strategy, and each has its own strengths and weaknesses

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2. What gets people in trouble when they deal with planning?
3. If you could change one thing in the planning process, what would it be? How would you go about doing it? What do you predict would be the biggest barrier to overcome?
4. If you could hang on to or strengthen a particular feature of the planning process, what would it be? How would you go about doing it? What do you predict would be the biggest barrier to overcome?
5. Are there any undiscussable or discussable but unchangeable issues in the organization? Are any of these related to planning?
6. If there are none, what is it about this organization that does not lead to undiscussables?
7. Recalling the defenses that have been identified, how aware are people in this organization that they exist? If they are aware, what leads them to maintain these defenses? If they are not aware, what hunches do you have about the causes of their blindness?

Through these questions Argyris uncovers the thinking that accompanies efforts at planning and change. When some individuals say things like "Nothing ever comes from these meetings," they are pointing to what they see to be errors in the system that they believe are unchangeable. The next question would be "What, in your judgment, prevents anything from happening as a result of these meetings?" The answer would provide further insights into the organization's defensive routines. A map of how defensive thinking is created and how effective change is blocked can be developed and acted on.

## STRATEGY NEEDS REVIEWING

In this article I have reflected on strategy in the process of managing planned change. First, I looked at the different uses of strategy. Mintzberg's five Ps—plan, ploy, pattern, position, and perspective—provide a useful map of how to approach strategy. Second, I outlined some approaches to forming strategy, with particular emphasis on distinguishing between a formal, explicit design approach and an incrementalist, piecemeal approach. Both approaches are valid, and each has its own strengths and weaknesses. An approach to strategy needs to be evaluated, whatever the model, remembering that an emergent strategy can as easily be unintended as intended. Third, I addressed some issues surrounding implicit assumptions, which can prevent intended strategy from being effective. Assumptions governing actual behavior, particularly when they appear to be inhibiting development, must be subjected to review.

My aim has been to provide some frameworks whereby those concerned with strategy formation in religious orders can reflect on their experience. They can examine their model, whether it be explicit or implicit. They can examine how they attempt to deal with the problem issues of intended change. They need to look at what prevents plans from being effective. Process consultants may be usefully utilized to help review the processes of designing strategy, making strategic choices, and implementing those choices. Ultimately, process is always worth reviewing. As religious look to the

new century, conceptualize what they want their life and ministry to be, and attempt to set that vision in motion, reflection and analysis of strategic thinking and action in the present become imperative.

## RECOMMENDED READING

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- Schein, E. "The Role of Process Consultation in the Creation and Implementation of Strategy." *Consulting Psychology Bulletin*, Winter/Spring 1991: 16–18.
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# Vocational Screening

*Henry P. Guertin-Quellette, Ph.D.*

**F**or some years now, the process of screening for the Catholic priesthood, as for other religious vocations, has been endowed by many dioceses with a great measure of secrecy. The candidate has been subjected to a battery of tests after signing a release for the diocese to which he had applied. This release empowered the person conducting the tests to submit to the contracting agency his report as to the suitability of the candidate. Thus, the candidate often became blindly engaged in the process, realizing that his admission for candidacy would depend in large measure on the outcome of the tests. After completing the tests, he was told that he would hear from the appropriate authorities whether he was accepted or rejected as a candidate for the diocese. Usually, the overseeing psychologist would not tell him very much about the itemized results of his test taking. Finally, after waiting for some time, the candidate was told whether he was accepted or not, but this message was often transmitted in a cloud of mysterious secrecy.

Seldom was a candidate told in any concrete form what the tests revealed and how he might profit if given a detailed report on the results. Thus, whether accepted or not, he was rarely made aware of the results of the tests. If accepted, he was not made aware of various vulnerabilities that he might try to overcome during his years of training. Also, it was seldom pointed out to him what his strengths were so that he would engage in his

formation with a stronger ego and a greater sense of self-worth.

If he was not accepted, the casualty of the situation was often doubled by virtue of the fact that the candidate was generally not told on what grounds he was considered unsuitable to pursue his vocational aims. Rarely was he ever acquainted with the test findings that formed the basis for the judgment that he might be happier not seeking a religious vocation. At no time was an evaluation presented to the candidate in such a way as to permit him to see what he might do in order to overcome certain weaknesses or other negative traits. Another problem was that it was often assumed that the candidate had already decided to enter a seminary; thus, the testing was used merely to permit an evaluation on the part of the contracting party as to whether they wished to accept the candidate.

## **A MORE OPEN APPROACH**

In New Hampshire we like to proceed on the assumption that the candidate is still in the process of decision making. With this in mind, the battery of tests is seen as a tool to help him make an enlightened and insightful decision. Through the administration and evaluation of the tests, the diocese joins the candidate in the decision-making process. Thus, the tests are not a deciding factor

but rather a source of information helpful in reaching a joint decision.

The overall testing process is seen as a significant introduction of the candidate to both himself and the diocese, as well as an introduction of the diocese and its requirements and characteristics to the candidate. As a result, both the candidate and the vocation board or other screening body are asked to analyze rather than to judge. Since the tests constitute a process of introduction, "scoring" takes the form of descriptions and nonjudgmental analyses concerning the candidate. Traits are evaluated not as good or bad but as adaptable or nonadaptable to the demands of the priesthood and to life within a given diocese. For example, a high or low index for affiliation might be an asset or a liability, depending on the times and the situation. The main objective is to determine whether or not the candidate and the diocese will be happy with each other.

This philosophy of screening emphasizes the concept that the candidate, as a person, has inalienable rights. This person is in an equal process between himself and an agency to which he is applying. If he is accepted, he is to become a valuable asset to that agency and thus must be respected from the moment of his application. If he cannot be accepted, then as a person he is due the knowledge of the results of the screening process, which might help him grow personally and spiritually. As a person with human dignity, he is endowed with various rights.

### **CANDIDATE'S INALIENABLE RIGHTS**

First, he has a human and legal right to confidentiality. The candidate signs a form authorizing the release of the information gathered through the testing to the bishop, the vocation board, and any other authorized body. The terms of this release can be as broad or narrow as the candidate wishes. The release states that the confidentiality of the testing materials is protected by law and that no person receiving the information can transmit it to another without the written or verbal permission of the candidate. For example, no materials can be transmitted to the candidate's pastor by any person in authority unless the release explicitly states otherwise. Even then, the pastor is not permitted to pass on any of the information to other individuals. Confidentiality is not secrecy; confidentiality merely protects a person's right to privacy.

Another right of the candidate is to own the materials involved in the testing. This applies no matter who pays for the administration of the tests. At no time does the fact that another agent pays for the testing change the fact that the materials belong to the candidate. We must remember that the testing is for the candidate's benefit as well as for the benefit of the contracting agent. The candidate

receives the very same written and oral report that is submitted to the contracting agent. The candidate may also request that the raw data of the testing be transmitted to a licensed professional for use in a counseling situation.

One religious order requested that a candidate be tested by our center. At the end of our profile preparation, they requested that all raw data be sent to their director of vocations. They noted that the materials would then be turned over to a professional person who was a consultant to the order. We respectfully refused to forward the raw data to the director of vocations because he was not a licensed professional. Raw data may ethically be transmitted only to other recognized licensed professionals; otherwise, proper interpretation cannot be ensured.

The best way to convey testing information to the candidate is to have an interview with him after a full profile has been assembled and a complete report has been written. During this interview the written report—an exact copy of the report that is to be transmitted to the contracting agency—is given to him to read. At the end of the interview the candidate is asked if there is any material that he does not wish to have transmitted to the diocese or any other contracting agency. If he so designates, the psychologist will state to the diocese that some of the material was not permitted to be transmitted. In this way the aspirant can prevent the transmittal of information that he considers damaging. He is given an opportunity at this time to revoke his release-of-information form if he deems that necessary in order to protect himself.

Our consultation service sets aside an hour—usually following the oral report given to the candidate—to meet in our office with the vocation director of the diocese to give him a full oral and written report. The candidate is invited to be present. This not only assures the candidate that he has a copy of the official report but also permits him to hear how the report is given to the vocation director. He is also encouraged to voice his views concerning the material that is being presented. It has been our experience that this is one of the most profitable meetings throughout the process of candidacy. The candidate is usually an active participant in the verbal transmittal of the test results to the diocese. It is common for a candidate to state that he thinks more counseling might be in order so that certain issues that have surfaced may be dealt with in a more professional way.

In many cases the final step in the screening process is the vocation director's presentation of the report to the vocation board. At that time the screening psychologist is also present as consultant in order to answer questions that may emerge. The overall effect is that no matter what the diocesan decision may be, the candidate gains more understanding and respect from all present. Also, the



vocation director feels free to discuss with the candidate later any issues that may have come up in the vocation board's meeting that might be of interest and benefit to him.

In conclusion, the overall effect of this procedure is most positive for both the candidate and the contracting agency. Dioceses with which we have worked have considered this approach an education in the appraisal of candidates for the priesthood. They have changed their focus from judgment to description and from evaluation of personal worth to analysis of problem-solving ability, adaptation skills, and compatibility. For the candidate, the process has proven to be a useful exercise in self-examination without critical self-judgment. It has led to enlightened decisions to continue counseling in order to clear up issues that emerged in the tests. Also, the shared experience of the testing process has led candidates to a greater shared decision with regard to their future vocation. Many of those who have decided to pursue the priesthood have shared their written report with their confessors. Thus, the report does not become a document of interdiction but rather a tool that enables all who share in its contents to grow in a more compassionate and wise mode of decision making.

For the sake of brevity and clarity, this article has addressed only the assessment of a candidate for the diocesan priesthood. This process and its attendant philosophy and attitudes have also been applied effectively in the assessment of candidates for priesthood, brotherhood, or sisterhood in religious communities.

## DIOCESAN APPRAISAL

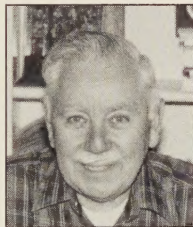
*A Note by Andrew W. Cryans, M.A., S.T.M.*

Our diocesan vocation discernment process aims at helping the candidate deepen self-awareness. Integral to our way of proceeding is the professional psychological assessment. In concert with the candidate's autobiography, letters of recommendation, academic transcripts, medical documentation, retreat, and personal interviews, the psychological testing provides a useful tool in determining the individual's aptitude for ministry as well as his potential for realistic growth and development.

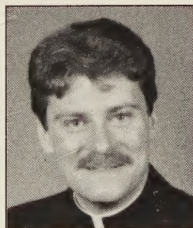
It has been our uninterrupted experience that candidates are comfortable with the psychological process outlined above. They frequently report their sense of comfortableness with the format and are especially pleased with their immediate access to the written report. Many applicants, when accepted, have chosen to share the report with their spiritual directors in what becomes an ongoing effort to cultivate their strengths and actualize the recommendations provided.

The vocation office finds the psychological consultation process an invaluable tool in making a reasonable determination of a man's readiness for seminary. Since we seek candidates with a mature independence, we need to examine a person's capacity for openness, communication, vision, and trust. The consultation process helps provide objective criteria for determining a candidate's capacity to move in these directions.

In sum, while a final decision for or against acceptance is never made on the basis of any one component alone, the report provided by the screening psychologist is an essential part of the process. Likewise, the availability of the professional to attend the vocational board meetings and to answer pertinent questions fills out the process and instills a sense of confidence as we seek to incorporate the testing into the larger picture.



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Father Andrew W. Cryans is pastor of Sacred Heart Church in Wilton, New Hampshire. He also serves as director of vocations for the diocese of Manchester, New Hampshire.



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# BOOK REVIEW

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*Enneagram Spirituality: From Compulsion to Contemplation*, by Suzanne Zuercher, O.S.B.  
Notre Dame, Indiana: Ave Marie Press, 1992.  
172 pp. \$8.95.

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**H**ow can human beings hope to be in God's presence and know God in this world other than through the nature God has given them? It is mind, affections, and body that mediate Fullness of Life to sharers in that Fullness. Whether we eat or drink, whatever we are doing, St. Paul says, we do all for the glory of God, that Life in which we participate" (1 Cor. 10:31).

This paragraph from Sister Suzanne Zuercher's book captures the message and methodology of her thinking on enneagram spirituality. Through a sort of helpful dance, she leads us into one of three loops (one for each of the stances of the enneagram) around the dance floor of spiritual life again and again. For each of the three enneagram spaces, Zuercher defines and describes its genesis, its compulsed-activity type, the virtue that can arise from the compulsion, and the spirituality and contemplative way characteristic of that enneagram space.

Two aspects of Zuercher's dance stand out in particular. The first is her examination of three major characters in the life of Jesus to illustrate the three enneagram stances: Mary Magdalene as a 2/3/4, Thomas as a 5/6/7, and Peter as an 8/9/1. Retelling their stories, Zuercher shows how Jesus calls them to turn their vices into virtues. Thus, Mary Magdalene is called to "do something" (the compulsion of the 2/3/4), but what she is called to do is to build community through the medium of her own internal experience of Christ.

Thomas's data-gathering compulsion is transformed into a witness that supports the factual, reality-grounded experience of Jesus through one's own senses: "With his need to know all about, to inquire and verify, to substantiate and validate, [Thomas] provided the entire community of disciples with opportunity for faith informed with feeling, considered belief, and experience of the fullness of the message of Christ, which is the presence of Christ."

Peter is called to surrender, to open himself to both the emotional and the factual, to "follow the

flow of life which would sometimes require decision and action he would prefer to avoid. He was told . . . that he was to stretch out his hands to be bound and led where he would rather not travel." Peter's ability to mobilize power becomes an ability to empower others, to "encourage independent resourcefulness in those [he] help[s]."

In Zuercher's second scripture-based passage of her dance, she relates each of the enneagram stances to one of the persons of the Trinity. Persons in the 2/3/4 space are reflections of the Spirit. "One might say they are people of Christian community. . . . Networking among people makes for life and meaning." Those in the 5/6/7 space exemplify the Sonship of Jesus. They are called out of the internal world in which they try to order life to suit their need, to "personal commitment and action. Faith is more than perceptual confirmation. It is an energy that comes from the heart." And those in the 8/9/1 space move from carelessness about themselves and others to cocreatorship with the Father.

Along the way in this particular passage of Zuercher's dance, we meet the woman with the issue of blood; the disciples gathered in the upper room; the paralytic at the pool of Bethesda; Jacob; and Moses. Seen through the filter of the enneagram, these familiar characters come to life in an entirely new way and take on the flesh of daily reality. We've met them all in our everyday lives, and they are God.

The book incorporates quotes from people whom Zuercher has directed or otherwise encountered in her years of spiritual formation work. Their accounts add a rich and convincing complexity to Zuercher's descriptions of the ways in which people develop and grow spiritually within each of the three enneagram stances.

Zuercher also offers spiritual directors practical suggestions for activities that will enhance the redemptive spiritual growth of persons in each of the three spaces. Her choices of activities further enrich the reader's understanding of the dynamic of each of the three stances.

Contemplation is defined by Zuercher in terms of ordinary living—finding God in the daily paper, in the students in our classrooms, in neighbors who ask us to feed their pets while they are away, in furnishing one's bedroom, in everything we do and everyone we encounter.

—Nan M. Gold, O.S.B.

Sister Nan M. Gold, O.S.B., who holds academic degrees in English, pastoral studies, and law, is director of a ministry to divorcing and newly divorced women in Chicago, Illinois.



## **A Timely Suggestion**

It is not too early to think about Christmas 1992 and the gifts you might want to send to your loved ones or friends. If your gift list this year includes someone involved in religious leadership or formation work, pastoral care or spiritual direction, or any other kind of ministry to youth or adults, may we suggest a one-year gift subscription to HUMAN DEVELOPMENT?

As you know, HUMAN DEVELOPMENT consistently features current knowledge from the fields of psychology, psychiatry, medicine, organizational development, and spirituality. Any religious, layperson, priest, deacon, or bishop seriously concerned about achieving full personal growth for self and others would be delighted to receive such a thoughtful and useful gift. The four issues that will be delivered in 1993 will serve as repeated reminders of your continuing interest in enriching the recipient's ministry as well as his or her life.

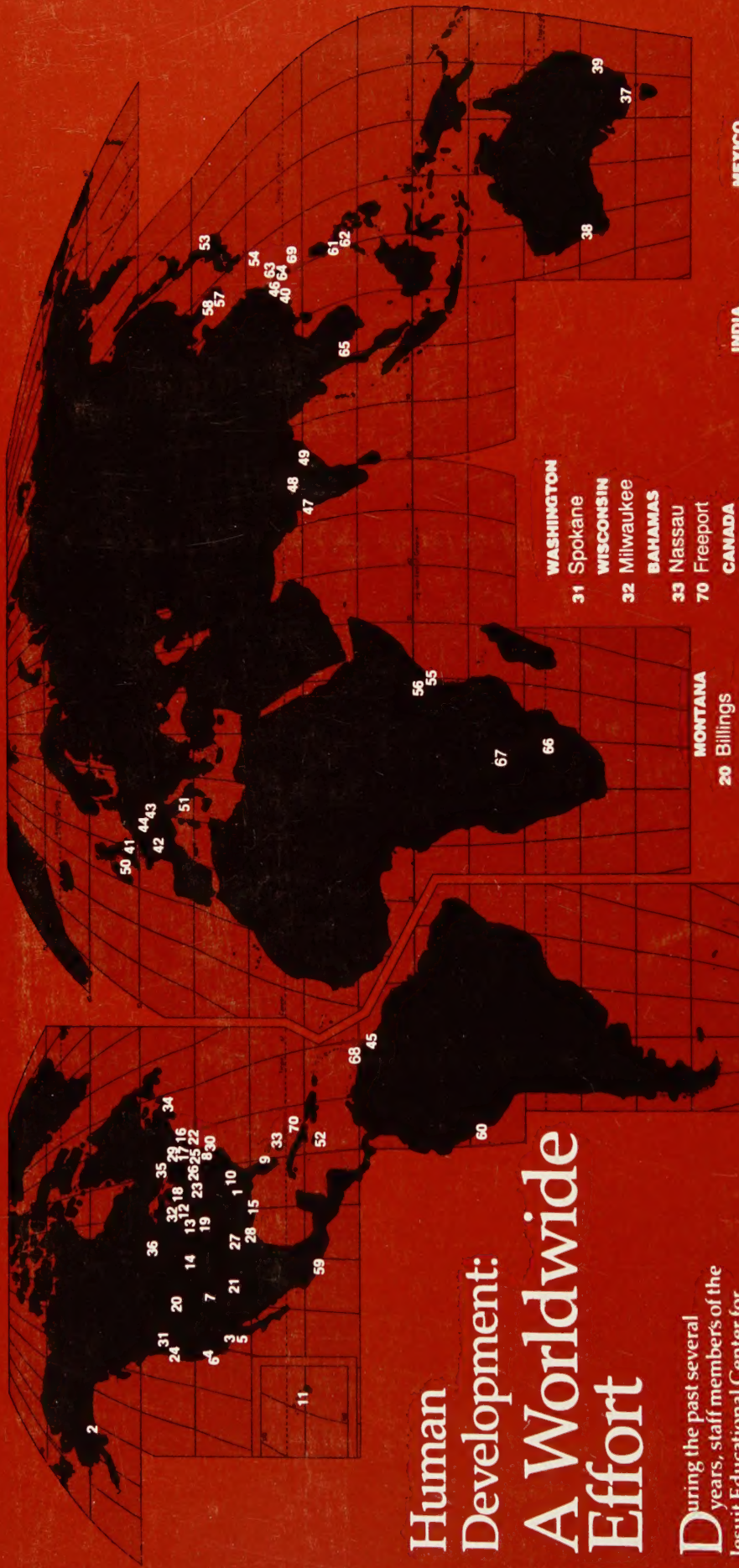
To order a gift subscription, just send the name(s) and address(es) of the person(s) to whom you want us to mail HUMAN DEVELOPMENT, along with your own name and a check for the subscription price. Before Christmas we will send the recipient(s) an attractive card that announces your gift and conveys your Christmas and New Year's greetings.

You can use the tear-out card included in this issue. We will be delighted to help make your gift-giving just a little easier this Christmas and appreciated all year long.



# Human Development: A Worldwide Effort

During the past several years, staff members of the Jesuit Educational Center for Human Development have provided workshops, courses, and programs, along with professional consultations, throughout the world. These presentations have been offered for religious leaders, spiritual directors, formation personnel, pastoral counselors, clergy, religious, and laity. Our staff welcomes invitations to travel, especially to Third World areas, as well as to other regions where topics and issues of the type featured in HUMAN DEVELOPMENT can be profitably discussed. Some of the locations where we have already conducted programs are indicated on this map.



- ALABAMA**  
1 Montgomery
- ALASKA**  
2 Anchorage
- CALIFORNIA**  
3 Los Angeles  
4 Oakland  
5 San Diego  
6 San Francisco
- COLORADO**  
7 Denver
- DELAWARE**  
8 Wilmington
- FLORIDA**  
9 West Palm Beach
- GEORGIA**  
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- ILLINOIS**  
11 Chicago
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12 Indianapolis
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